

Pursuant to Chapter 4 of the D.C. Personnel Regulations, Suitability, an appointee, employee, or unsupervised volunteer must complete and sign the authorization on this form to authorize a criminal background check.

DECLARATION

I have been informed that the District government agency named on the ***Individual Notification of Criminal Background Check and Traffic Record Check Requirements*** form is subject to and authorized to conduct a criminal background check on me and may choose to deny me employment, a volunteer position, or terminate my employment or volunteer position based on the outcome.

The D.C. Metropolitan Police Department (MPD) or other appropriate entity will conduct criminal background checks in accordance with Federal Bureau of Investigation (FBI) policies and procedures. Traffic record check will be obtained from the traffic records maintained by the District of Columbia and/or my state or local Motor Vehicle Administration. I understand that I have the right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of the report.

I understand that an appointee or volunteer who intentionally provides false information in the course of applying for a position is subject to prosecution pursuant to the District of Columbia Theft and White Collar Crimes Act (D.C. Official Code § 22-2405 (2012 Ed)).

ACKNOWLEDGEMENT & AUTHORIZATION

I hereby acknowledge the receipt of this Authorization Form and authorize the MPD or other entity as appropriate to conduct a criminal background check and traffic check on me as described above.

Male ☐ Female ☐

Full Name (Print)

Social Security Number

Agency

Date of Birth

Driver's License Number

Driver's License State of Issue

Email

Phone Number

Signature

Date

FOR OFFICIAL USE ONLY

Report To: _____ on _____ at _____
Location Date Time (HH:MM)(AM/PM)