



ORDER FORM

Employer Lynx, Inc.

Employment / Background Screening Request

NAME OF COMPANY	Sun Valley General Improvement District	
	(Print)	
PERSON PLACING ORDER		
	(Print)	(Signature)
NAME OF APPLICANT		
	(Print)	

Release Form Requirements

Screening candidate must: Complete and sign Part 1: Release of Information Acknowledgement/Authorization
 Complete and sign Part 2: Credit Report Notification & Authorization, if applicable.
 Complete and sign Part 3: Workers Compensation Report Authorization, if applicable.

Submission Instructions

- See "Product Descriptions" for each item description and recommended usage.
- Circle items to be investigated for this order.
- Fax: - Order Form with Release Form.
 Past Employment portion of job application or entire application.
 Copy of Social Security Card and Drivers License if available.

Fax completed forms to Employer Lynx, Inc, 775-883-8755

NV PI License # 793

Screening Services

Circle Each Screening Service Being Requested

County Criminal

SSN Trace

County Civil Records

Credit Report

**CDL/DOT Regulated
Previous Employment**
(past three years)

Nationwide CDL Search

DMV Report

Education Verification

Employment Verification

Nevada State Criminal Search

Federal Civil Records

Federal Criminal Check

Global Watch List

Medical Scan Alert

National Criminal Search

Prison Search

Professional Licenses

Reg. Sex Offender

Workers Compensation

Volunteer Lynx
(501 c 3 non-profits only)

Character Risk Assessment

Other: Include special instructions or comments. Please note number of counties other than current, number of past employers, professional licenses and education history you are requesting.

Rev 8/12/11WSLH*

Questions? Call Employer Lynx, Inc. 501 E. Caroline Carson City, NV 89701 775-883-3733/800-909-5969



Employer Lynx, Inc.

NOTICE/DISCLOSURE REGARDING BACKGROUND SCREENING OR CONSUMER INVESTIGATIONS

"The Employer" Sun Valley General Improvement District may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or "investigative consumer report" which may include information about your character, general reputation, personal characteristics, mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of education, employment history, other background checks and, after an offer of employment, these reports may also contain workers compensation information in accordance with the Americans with Disabilities Act conducted by Employer Lynx, Inc. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, however, allowing The Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. This information will be used for background screening purposes only and will not be used solely as hiring criteria.

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, previous employer, insurance company or any other outside organization to furnish any and all background information requested by Employer Lynx, Inc. acting on behalf of The Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other Names/Alias ever used _____ Phone Number () _____

Social Security # _____ Date of Birth _____ Drivers License # _____ State _____

Professional Licenses Held _____ State _____ Lic. # _____

Current Street Address _____ City _____ State _____ Zip _____

From _____ to _____

Previous Street Address _____ City _____ State _____ Zip _____

From _____ to _____

Signature _____ Date _____

If this release is being used for USDOT regulated employment screening. In accordance with Parts 40.25, 391.23 and 382.413 I hereby authorize all my previous and present employers to release all information pertaining to DOT drug and alcohol testing as applicable to drivers employed by USDOT regulated employers. I authorize Employer Lynx, Inc. to conduct this background investigation in accordance with state and federal law and authorize my previous and present employers to release any information requested by Employer Lynx, Inc. and hold them harmless of all liability from the release of said information. I understand this information is held in strict confidence and used only for employment purposes.

ACKNOWLEDGMENT AND AUTHORIZATION TO OBTAINING A CONSUMER CREDIT REPORT

I hereby authorize the obtaining of a "consumer report" and/or "investigative consumer report" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. Sign and date below if The Employer is requesting a Consumer Credit Report.

Signature _____ Date _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR OBTAINING A WORKERS' COMPENSATION REPORT

Signature _____ Hire Date _____

Sign if The Employer may request a Workers' Compensation Report: _____ Company Use Only _____

California applicants or employees only: By signing Acknowledgment and Authorization above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Employer whenever you have a right to receive such a copy under California law

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Employer Lynx, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Employer Lynx, Inc., can only rely on its accuracy from the public records data sources available at the time of the search.



Special Release for use **ONLY** for the Nevada Statewide Criminal Records Search for Pre-Employment, Employment Or Volunteer Background Screening/Investigation. **IF SO SUBMIT IN ADDITION WITH THE EMPLOYER LYNX RELEASE.**

Employer Lynx, Inc.

PERSONAL IDENTIFICATION INFORMATION:

Name: _____
(LAST) (FIRST) (MIDDLE)

Any Other Name Used: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Social Security Number: _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or, if hired by the employer named below or a subsidiary, I, the undersigned, whose name and personal identification information voluntarily appears above, do hereby and irrevocably agree to the following:

- I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the employer, prospective employer or their designee named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, conviction, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons, and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
- In giving the above authorization, I understand that all information provided may be reviewed by the employer, prospective employer, his designee(s) in Human Resources, contracted background screening companies and/or any other person approved by the Nevada department of Public Safety to make an informed employment decision on behalf of the employer named below. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction. _____(Please initial)
- I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the employer or their designee, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.
- I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor or any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of the authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

(Please Circle One)

Prospective Employer / Employer: Sun Valley General Improvement District

Applicants Signature: _____ Date: _____

Applicants Physical Address: _____

(This waiver is non expiring if employed by employer)