OFFICE OF THE ATTORNEY GENERAL

PRE-EMPLOYMENT SECURITY SCREENING AUTHORIZATION

I, _____ hereby authorize the Office of the Attorney General
(Print Name)
to conduct a preliminary background screening for employment purposes, which shall include a criminal background check on the FCIC/NCIC database.

I understand that this information will be reviewed to determine my fitness and ability to work in the office. If no negative information is received, I may be offered conditional employment until such time as a thorough security check is conducted by the Florida Department of Law Enforcement.

I hereby waive the confidential nature of any of this information, for this purpose. I understand that the Office of the Attorney General is entitled to conduct this security check pursuant to Section 110.1127 and Chapter 435, Florida Statutes.

_____ _____
Candidate's Signature Date

PLEASE PRINT:

Address: _____

_____

Date of Birth: _____ Social Security Number: _____

Maiden Name or Alias(es): _____