



Criminal Background Investigation Authorization and Waiver

Instructions

Applicant: _____ **Date:** ____/____/____

1. Read the authorization and waiver information below, then sign and date the form where indicated.
2. Within 1 business days from the date shown above, take this signed document to the City of Orem Public Safety Department at 95 East Center Street between 8am and 5pm, Monday thru Friday. Give the document to the on-duty Community Service Specialist (CSS), seated behind the glass windows on the first floor in the lobby area of the building.
3. Your background will be ran while you wait.
4. Take the completed record to the Human Resources office in the Orem City Center at 56 North State Street, between 8am and 5pm Monday thru Friday. Failure to deliver your record to the Human Resources office will disqualify you from further consideration for employment or volunteer with the City of Orem. (The BCI record will not be released to anyone but you.)

Authorization and Waiver

I hereby authorize the City of Orem to conduct a criminal background investigation and agree to a full and complete disclosure of records of any arrest and/or convictions for alleged or actual violations of law.

I understand that this authorization will provide full access to my criminal history, if any. I further understand that the information obtained will be used by the City of Orem to determine my eligibility and suitability for either employment or a volunteer assignment with the City.

I hereby waive the City of Orem, its elected and appointed officials, officers, employees, volunteers, agents and any person or organization that provides information for or to the City from any liability in connection with the use of this information for employment or volunteer decisions.

I have read the above statements and acknowledge that my signature below affirms that I agree to these terms knowingly, freely and voluntarily.

_____/____/____
 Signature Date

Please Print Below

 First Name Middle Name Last Name

_____-____-____
 Social Security Number

_____/____/____
 Date of Birth

 Phone Number

 Maiden Name (if any)

 Alias or "Also Known As" (if any)

This Section will be completed by an Orem City Community Service Officer.

BCI Record Processed By: _____ Number of Pages: _____ or No Record: _____



Right of Access Provider Waiver

Orem Police Department
95 E. Center St., Orem, UT 84097

Request to Obtain a Copy of My Utah Criminal History Record

I, the undersigned, am requesting a copy of my Utah Criminal History Record. I understand this record is protected by law (Utah Code Ann. §53-10-108) and may only be released to me by this agency if I appear in person with valid photo identification. This agency is not authorized to retain a copy of this record without my expressed permission.

Please Print Clearly:

Phone Number: _____ - _____ - _____

NAME: _____ <small>(Last) (First) (Middle)</small>		Date of Birth: ____ / ____ / ____ <small>(Month) (Day) (Year)</small>	
Previously Used Name(s) (Maiden, Alias, etc): _____			
Physical Address: _____ <small>(Street) (City) (State) (ZIP)</small>			
Social Security#: _____		Driver License Number: _____ State: ____	

Initials	Please Initial the Box which MOST applies:
	I wish to obtain a copy of my Utah Criminal History Record to take with me today. This agency may NOT retain a copy for any purpose.
	I authorize a release of my Utah Criminal History record, or any part thereof, by and to any duly authorized agent of this agency to accompany my employment, volunteer, licensing, permit application, or other expressed purpose approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. If I wish to challenge the completeness or accuracy of this record, I must submit a completed *Application to Challenge Criminal History Records* with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6).

I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents, and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: _____ Date: _____

For Office Use ONLY:

Identification Verified: _____ Criminal History Completed By: _____ Date: _____
(Initials) (Signature)