

If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the background check, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.

I have provided complete and truthful information to the City of Sharonville and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

My signature below indicates I have carefully read and understand this notice and consent to the release of a background check to the City of Sharonville for employment purposes either in connection with my job application, or in connection with any future decisions concerning my employment, promotion, reassignment or retention as an employee. I understand my consent remains in effect indefinitely until it has been revoked in writing.

Candidate's Signature/Consent

Date

Please be sure to complete the attached page on former residences.

Please list all **addresses, city, state, zip and counties** – where you have lived in the last (7) years.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If additional space is needed, continue on the back of this page.