

Authorization for Background Investigation

Human Resources Office

I, _____ hereby authorize the Virginia Department of Taxation to conduct a background investigation consisting of:

Required

- A criminal conviction investigation to be conducted through the Virginia Department of State Police (VSP), the Federal Bureau of Investigation (FBI) and/or the American Databank.
 - Granting authorization to any investigator or duly accredited representative of the Virginia Department of Taxation bearing this release, or a copy thereof, to obtain any information from the Virginia State Police and Federal Bureau of Investigation (FBI) and report the results of such search to the designated representative of the agency named above. I direct that such information be released upon request to the bearer of this form. I understand that the information released is for official use by the Virginia Department of Taxation.

I submit to fingerprinting and understand that my fingerprints will be sent to the FBI for a criminal history check.

I hereby release the Virginia Department of Taxation from any and all liability for damages of whatever kind or nature that may result from the Department's receipt of information pursuant to this authorization, and when applicable, any subsequent use of such information in compliance with Va. Code § 2.2-1201.1 or IRS Publication 1075.

I understand that any and all information collected pursuant to this background check may be used in assessing my suitability for employment. The information will not be shared with parties outside of the agency where the position is located. I further understand that I may challenge the results of the background investigation conducted by the law enforcement/criminal justice agencies and may request information needed to make such a challenge from the Virginia Department of Taxation.

- A tax compliance investigation within the Virginia Department of Taxation.
- An employment verification/reference check.

Based on Position

- A local law enforcement/criminal justice agency check.
- A Department of Motor Vehicles records check.
- An education/credential verification.

I understand that employment is contingent upon successfully passing the above referenced background investigation in accordance with agency policy.



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Human Resources Office

Print Full Legal Name:		
Gender: Choose an item.	Race: Choose an item.	Date of Birth:
Place of Birth: <small>State</small> <small>Country</small>		
Social Security Number:		
Driver's License Number:		State:

Home addresses within the last 5 years						
Present address first	Street Address	City/County/Town	State	Zip Code	From (YYYY/MM)	To (YYYY/MM)
1						
2						
3						
4						
5						
Employer/school locations within the last 5 years						
Present employer first	Street Address	City/County/Town	State	Zip Code	From (YYYY/MM)	To (YYYY/MM)
1						
2						
3						
4						
5						

Signature (full name):	Date:
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