

Background Check Consent Form



Date

Applicant Organization/Company Name

Organization Agency Admin Name

Organization Security Officer Name

Applicant Information

Name (First, Middle, Last)

Cell Phone

Work Email Address

Applicant Role/Position

Projected Start Date

Consent Authorization

By signing this form, the above named applicant authorizes Opening Doors Northwest Florida, FL511 CoC and HMIS Lead Agency for Escambia and Santa Rosa Counties to conduct a complete criminal history check as basis of my authorization to access and use the Homeless Management Information System within the PromisSE implementation and for my organization _____.

I consent for my background screening results to be shared with my organization's agency admin and security officer via an encrypted email.

I understand that I am to report any changes in my criminal history to Opening Doors Northwest Florida and my organization. I understand that re-screening for employees and volunteers using the HMIS in FL-511 is required every five (5) years.

This authorization will expire one (1) year from the date of signature.

Applicant Signature

Date of Signature

