FAIRFAX COUNTY GOVERNMENT
APPOINTEE BACKGROUND FORM

NOTICE ABOUT INFORMATION LAWS AND PRACTICES: With few exceptions, you are entitled to be informed about the information Fairfax County Government collects about you.

SOCIAL SECURITY NUMBER DISCLOSURE: Disclosure of your Social Security number ("SSN") is necessary in order for Fairfax County Government to conduct a complete criminal background investigation.

SECTION A: MUST BE COMPLETED BY THE HIRING DEPARTMENT

Requisition No.	Position Title	Position Number
N/A	VOLUNTEER	N/A

Check All That Apply:

☐ Volunteer

Department	Department Contact Name & Email Address	Phone No.
NCS - 7979	Contact: Vicki Greene ncsvolunteercbi@fairfaxcounty.gov	703-324-5504

SECTION B: TO BE COMPLETED BY APPOINTEE/EMPLOYEE

Print all information requested. Falsification of any information on this form will void your Application for Employment. The information on the Application for Employment, together with any attachments, is the property of Fairfax County Government.

If you are/were required to register for the Selective Services, have you done so? ____ Yes ____ No	Are you legally eligible for employment in the United States? ____ Yes ____ No

LAST NAME	FIRST NAME	MI	MAIDEN NAME

DATE OF BIRTH: mm/dd/yyyy	LIST ALL FORMER NAMES USED	DRIVER'S LICENSE NO.	STATE
/ /			

Have you ever been convicted of a felony or a misdemeanor? A conviction does not automatically mean that you cannot be employed by the county. ☐ Yes ☐ No	If yes, please explain:
Have you ever been convicted of a traffic violation? ☐ Yes ☐ No	If yes, please explain:

List all locations where you have lived during the last seven years, **beginning with your present place of residence.** If additional space is needed, please write on the back of this form.

FROM:	TO:	CITY	STATE	COUNTY
/ /	/ /			
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/ /	/ /			
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I hereby authorize any law enforcement agency to furnish Fairfax County Government or its agent information related to my criminal history. I hereby release Fairfax County Government and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from liability resulting from the furnishing of this information to Fairfax County Government. I hereby give Fairfax County Government or its agent permission to investigate my background for criminal history and sex offender records, license verification, present and former employment history, and credit history as a condition of employment. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

SIGNATURE APPLICANT/EMPLOYEE	DATE
	/ /

Fingerprinting is completed at the Fairfax County Government Center, located at 12000 Government Center Parkway, in Suite 150. It is necessary to make an appointment. To make an appointment, please call 703-324-4900, TTY 711 or 703-324-3411, TTY 711.