

# Violent Crime Control and Background Consent Form

## DISCLOSURE STATEMENT

Under the Federal Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 1033(e) a person may not engage in the business of insurance if the individual has been convicted of a felony involving dishonesty or breach of trust, unless the individual has the written consent of an insurance regulatory official authorized to regulate the insurer.

**If a person is convicted of any crime between annual notification dates, he or she agrees to notify Alacrity Solutions Group, LLC promptly, but no later than 10 days after the conviction.**

Furthermore, **Alacrity Solutions Group, LLC** discloses to you that as part of a background investigation of your activities, an investigative consumer report may be obtained at any time during the contractual relationship with **Alacrity Solutions Group, LLC**. An investigative consumer report may include personal information as to your character and general reputation.

## CONSENT FORM TO RELEASE INFORMATION

I understand that in consideration of my application to perform network services with **Alacrity Solutions Group, LLC**, an investigation may be conducted of my background. I authorize personal references and others with whom I am acquainted to provide information concerning my ability, character, military service and credit history. I release all persons, including credit bureaus, and government agencies from any liabilities or damages for having furnished such information. I hereby authorize **Alacrity Solutions Group, LLC** and/or its agents to conduct such an investigation. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering accurate information, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original.

**Alacrity Solutions Group, LLC** will take reasonable steps to prevent, to the extent reasonably practical under the circumstances, unauthorized disclosure or distribution of information disclosed either on this request form or any subsequent investigative consumer report.

**The following questions must be completed by owners and all employees and subcontractors that will perform services for a job referred through the Alacrity Solutions Contractor Network**

Have you ever been convicted of a crime? (Choose one)  NO or  YES (If YES, you **must** answer the following questions)

- a. Type of Conviction (Choose one):  FELONY or  MISDEMEANOR
- b. Date of conviction: \_\_\_\_\_
- c. State and County convicted in: \_\_\_\_\_
- d. List the Conviction/s: \_\_\_\_\_
- e. Type of punishment or penalty received as a result of the conviction: \_\_\_\_\_

**With my signature I hereby certify and attest that I am a current owner, employee, or subcontractor of the business listed below, and to the accuracy of the information provided above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Network Contractor Company Name \_\_\_\_\_

Company ID (network membership #) \_\_\_\_\_

Subcontractor Company Name (if applicable) \_\_\_\_\_