

# Background Check Release Form

**Please type your answers.**

FULL LEGAL NAME \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo) (Day) (Year)

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

COUNTY OF RESIDENCE \_\_\_\_\_

I respectfully request and authorize the release to the Mississippi Joint Legislative PEER Committee from any law enforcement agency; federal or state agency, governing authority, municipality and/or county; private employer or business entity; bank or financial institution; college or educational institution; professional or occupational association; or any individual who may have personal or professional knowledge of my professional, business, educational, or other activities, of any and all information concerning any criminal, occupational, academic, or military record, and of any noncriminal, financial, academic, or other information that might assist in determining my qualifications and fitness for the position I am seeking or to which I have been appointed with the State of Mississippi. I hereby release the furnishing organization or individual from any liability for the release of the information requested above.

Pursuant to MISS. CODE ANN. §§ 27-3-83(6) and 27-7-83(3)(d), the above-named individual (i.e., taxpayer) hereby waives the confidentiality provisions of MISS. CODE ANN. §§ 27-3-73, 27-7-83, 27-13-57, and 27-65-81 to allow the Mississippi Department of Revenue (DOR) to provide information to the PEER Committee regarding any current balances due to DOR, any tax liability due to DOR previously enrolled as a lien, or information regarding the individual's compliance with all laws administered by DOR. Additionally, the individual acknowledges that this waiver applies to the individual in his/her personal capacity as well as to all businesses owned by the individual or his/her spouse in which he/she has a controlling interest as listed in "Supplemental Form B for Business Owners."

\_\_\_\_\_  
Appointee's Signature Date

## AFFIDAVIT

STATE OF MISSISSIPPI County of \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**If your spouse owns a controlling interest in a business, please have him/her sign below acknowledging the waiver of the confidentiality provisions of MISS. CODE ANN. §§ 27-3-73, 27-7-83, 27-13-57, and 27-65-81.**

\_\_\_\_\_  
Spouse's Signature Date

## AFFIDAVIT

STATE OF MISSISSIPPI County of \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# Background Check Résumé

**Please type your answers.**

***Information on this form will be verified by PEER Committee staff.***

**POSITION EXPERIENCE:**

Position to which you have been appointed to serve: \_\_\_\_\_

Is this a reappointment to this position? YES \_\_\_\_ NO \_\_\_\_ Prior terms of service: \_\_\_\_\_

**CURRENT AND PRIOR GOVERNMENT EXPERIENCE:**

List current and prior positions held in local, state, or federal government.

Government Entity	Position Held	Dates of Service

**PERSONAL INFORMATION:**

**A. Full legal name:**

\_\_\_\_\_  
(Title) (Last) (First) (Middle) (Maiden) (Sr., Jr., III, II)

Nickname \_\_\_\_\_ Other legal names held by you \_\_\_\_\_

Place of birth \_\_\_\_\_  
(City) (State/Country)

Current home address \_\_\_\_\_  
(Physical Street Address) (City) (State) (Zip Code)

Current mailing address \_\_\_\_\_  
(Street Address/PO Box) (City) (State) (Zip Code)

County \_\_\_\_\_ U.S. Congressional District \_\_\_\_\_

Home telephone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Business telephone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell telephone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail address \_\_\_\_\_

**B. Former residences: List all residences occupied by you for the past seven (7) years.**

Addresses of Former Residences	Dates of Residency

**C. Are you a registered voter?** YES \_\_\_ NO \_\_\_

County \_\_\_\_\_ Precinct name/number \_\_\_\_\_

**D. If you claimed a homestead exemption, in which county is the property located?** \_\_\_\_\_

Address of homestead property: \_\_\_\_\_  
(Physical Street Address) (City) (State) (Zip Code)

**MARITAL INFORMATION:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**A. Current marriage** \_\_\_\_\_  
(Date) (City) (State)

Spouse's full name (including maiden) \_\_\_\_\_

Place of birth \_\_\_\_\_  
(City) (State/Country)

Last four digits of spouse's Social Security number: XXX-XX- \_\_\_\_\_

Residence \_\_\_\_\_  
(Physical Street Address) (City) (State) (Zip Code)

Home telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of spouse's employer \_\_\_\_\_  
(Physical Street Address) (City) (State) (Zip Code)

**B. Previous marriages:** List below the names, decree date, and current addresses of former spouses. Please indicate if deceased.

Name of Former Spouse(s)	Decree Date	Current Address

**FAMILY INFORMATION:**

If you have a parent or child with a ***first and last name the same as yours***, please list those individuals below.

Name	Birth Date	Current Address

**POST-SECONDARY EDUCATIONAL INFORMATION:**

List colleges, universities, and vocational/technical schools attended and the corresponding certificates, diplomas, or degrees received; major field of study/program; and years of attendance.

Name/Address of Institution	Degree Received	Major/Program	Year

**EMPLOYMENT INFORMATION:**

**A. Current Employment:** Please mark "N/A" if you are not currently employed and indicate if you are retired. If retired, include information about the employment or profession from which you retired.

Name/Address/Phone # of Employer	Employment Date	Position Title	Supervisor's Name/Title

Please describe your duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Business type \_\_\_\_\_ Occupation type \_\_\_\_\_

**B. Former Employment:** Please provide information about your employment history for the past seven (7) years.

Name of Former Employer(s)	Employment Dates	Position Title

**LEGAL INFORMATION:**

**NOTE: If you mark “yes” to any questions in this section, please provide copies of records that document the disposition or current status of legal actions in which you are currently or have been involved. If you need more space to divulge information about additional legal actions (civil suits, judgments, or liens) in which you have been involved, please complete “Supplemental Form A” (see page 8).**

**A. *Civil Suits:*** Have you or your spouse, during your marriage, had any civil suits brought against you or any of your businesses? YES \_\_\_\_ NO \_\_\_\_ Date \_\_\_\_\_

Defendant(s) name \_\_\_\_\_ Business address \_\_\_\_\_  
(Personal/business name)

Location of court of jurisdiction \_\_\_\_\_ Court type \_\_\_\_\_  
(County) (State) (e.g., circuit, chancery or county court)

Disposition \_\_\_\_\_ Amount \_\_\_\_\_  
(e.g., open/active, settled/dismissed, judgment for plaintiff/defendant)

Briefly describe case type (e.g., breach of contract/land dispute), the cause of action or plaintiff’s complaint and the circumstances: \_\_\_\_\_

**For the next question, the term “civil judgment” refers to any judgment rendered regarding civil matters and not as a result of criminal prosecution, and the term “lien” is defined as any interest in property acquired by any person through any judicial or administrative proceeding that may be enforced by the seizure and sale of property you own. Common types of liens include Mississippi Department of Revenue liens, Internal Revenue Service liens, liens securing a civil judgment, etc.**

**B. *Liens (including civil judgments):*** Have any liens or civil judgments been taken against you, your spouse during your marriage, both of you jointly, or any of your businesses? YES \_\_\_\_ NO \_\_\_\_  
Date \_\_\_\_\_

Defendant(s) \_\_\_\_\_ Plaintiff(s) \_\_\_\_\_  
(Personal/business name)

Business address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Location of court of jurisdiction \_\_\_\_\_ Court type \_\_\_\_\_  
(County) (State) (e.g., circuit, chancery or county court)

Disposition \_\_\_\_\_ Has the lien been satisfied/paid in full? YES \_\_\_\_ NO \_\_\_\_  
(e.g., active/open, closed/cancelled)

Briefly describe case type (e.g., civil, creditor, state tax) and briefly explain the circumstances:  
\_\_\_\_\_

Is the lien currently in force against you? If yes, please explain circumstances:  
\_\_\_\_\_

**If you and/or your spouse need to list additional liens, please complete “Supplemental Form A” (see page 8).**

**C. Bankruptcy:** Have you or your spouse during your marriage, or any of your businesses while you or your spouse were owner, ever filed bankruptcy? YES \_\_\_\_\_ NO \_\_\_\_\_

Type of bankruptcy: Personal \_\_\_\_\_ Business \_\_\_\_\_

Business name and address: \_\_\_\_\_

If personal, who filed? You \_\_\_\_\_ Spouse \_\_\_\_\_ Jointly \_\_\_\_\_ Date of filing \_\_\_\_\_

Location of court of jurisdiction \_\_\_\_\_ Court type \_\_\_\_\_  
(County) (State) (e.g., Federal Bankruptcy Court North/South District)

Disposition \_\_\_\_\_ Discharged amount \_\_\_\_\_  
(e.g., open/active, closed/cancelled) (Amount of debt)

Briefly describe the type of filing and the circumstances (e.g., consumer debt, business reorganization, chapter number): \_\_\_\_\_

### **CRIMINAL HISTORY:**

**A. Felonies:** Have you ever been **convicted** of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_  
Offense/charge \_\_\_\_\_

Location of court of jurisdiction? \_\_\_\_\_ Court type \_\_\_\_\_  
(County) (State) (e.g., justice/municipal, circuit/county, or federal)

Arresting/citing authority \_\_\_\_\_  
(e.g., Police/Sheriff, Highway Patrol, Game Warden)

Did you pay a fine? YES \_\_\_\_\_ NO \_\_\_\_\_ Amount: \_\_\_\_\_

Briefly describe the circumstances that led to your arrest and conviction:

**B. Misdemeanors:** Since the **age of 25**, have you been **convicted** of a misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date \_\_\_\_\_ Offense/charge \_\_\_\_\_

Location of court of jurisdiction? \_\_\_\_\_ Court type \_\_\_\_\_  
(County) (State) (e.g., justice/municipal, circuit/county or federal)

Arresting/citing authority \_\_\_\_\_  
(e.g., Police/Sheriff, Highway Patrol, Game Warden)

Did you pay a fine? YES \_\_\_\_\_ NO \_\_\_\_\_ Amount: \_\_\_\_\_

Briefly describe the circumstances that led to your arrest and conviction:

### **BUSINESS INFORMATION:**

**Do you or your spouse currently own a business?** YES \_\_\_\_\_ NO \_\_\_\_\_

Owner: You \_\_\_\_\_ Spouse \_\_\_\_\_ Both \_\_\_\_\_

Business name \_\_\_\_\_

**NOTE: If you or your spouse currently own more than one business, please provide the name of your primary business most relevant to your appointment.**

Business address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Description of the business \_\_\_\_\_  
\_\_\_\_\_

**If you and/or your spouse currently own a business or have owned a business within the past 7 years, you must complete “Supplemental Form B” for business owners” (see page 9). Please note that all businesses owned by you or your spouse, including the business listed on page 5, must be included in “Supplemental Form B.”**

**PROFESSIONAL MEMBERSHIPS AND PROFESSIONAL LICENSES:**

**A. Professional Organizations:** List the names, addresses, and dates of membership for your current or past professional memberships.

Names/Addresses of Professional Organizations	Dates of Membership

**B. Are you currently licensed in a profession by a state or federal licensing authority?**

YES \_\_\_ NO \_\_\_

If yes, please provide the name and telephone number of the state/federal licensing authority:

\_\_\_\_\_

License number \_\_\_\_\_ Type of license \_\_\_\_\_

Original date of licensure \_\_\_\_\_ Expiration date of licensure \_\_\_\_\_

Are you currently in good standing with the licensing authority? YES \_\_\_ NO \_\_\_ If you answered no, please provide a brief explanation \_\_\_\_\_

Has the licensing authority ever taken disciplinary action against you? YES \_\_\_ NO \_\_\_ Date \_\_\_\_\_  
If you answered yes, please provide a brief explanation \_\_\_\_\_

**MILITARY INFORMATION:**

**Were you ever a member of the armed forces?** YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered “yes,” please attach a copy of form DD214 (Discharge Form). If your form DD214 is not available, please submit a notarized sworn affidavit as to your military service—i.e., years of service and rank at discharge—and the conditions under which you were discharged. **(Either a form DD214 or a sworn affidavit must be submitted if you have military service.)**

**ETHICS INFORMATION:**

**Have you ever filed a “Statement of Economic Interest” form with the Mississippi Ethics Commission?** YES \_\_\_ NO \_\_\_

If yes, please provide the date of your most recent filing \_\_\_\_\_

**REFERENCES:**

List the names, addresses, telephone numbers, and title and place of employment of three references.

Name/Address	Telephone #	E-mail Address	Title/Place of Employment	Years Known

**I SOLEMNLY SWEAR (OR AFFIRM) THAT THE ANSWERS I HAVE PROVIDED  
HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Date: \_\_\_\_\_ Signature of Appointee: \_\_\_\_\_

**STATE OF MISSISSIPPI**

County of \_\_\_\_\_ Sworn to and subscribed before me, this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Notary Public) My commission expires: \_\_\_\_\_



# Supplemental Form A Additional Lien Information

• Defendant(s)/grantee(s) \_\_\_\_\_ Plaintiff(s)/grantor(s) \_\_\_\_\_

Business address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Location of court of jurisdiction \_\_\_\_\_ Court name \_\_\_\_\_

Disposition \_\_\_\_\_ Has judgment been satisfied/paid in full? YES \_\_\_ NO \_\_\_

Briefly describe case type and circumstances: \_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

• Defendant(s)/grantee(s) \_\_\_\_\_ Plaintiff(s)/grantor(s) \_\_\_\_\_

Business address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Location of court of jurisdiction \_\_\_\_\_ Court name \_\_\_\_\_

Disposition \_\_\_\_\_ Has judgment been satisfied/paid in full? YES \_\_\_ NO \_\_\_

Briefly describe case type and circumstances: \_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

• Defendant(s)/grantee(s) \_\_\_\_\_ Plaintiff(s)/grantor(s) \_\_\_\_\_

Business address \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Location of court of jurisdiction \_\_\_\_\_ Court name \_\_\_\_\_

Disposition \_\_\_\_\_ Has judgment been satisfied/paid in full? YES \_\_\_ NO \_\_\_

Briefly describe case type and circumstances: \_\_\_\_\_  
\_\_\_\_\_

**Print duplicate sheets to provide additional information.**

# Supplemental Form B For Business Owners

***This form, as well as any documentation submitted to support information on the form, is covered by the confidentiality waiver provisions contained on the "Background Check Release Form," specifically those provisions related to the release of information by the Department of Revenue.***

A. **Do you or your spouse currently own a controlling interest in a business?** YES \_\_\_ NO \_\_\_  
Owner: You \_\_\_ Spouse \_\_\_ Both \_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Federal Tax ID Number \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

If other than a sole proprietorship, business type \_\_\_\_\_ Dates owned \_\_\_\_\_  
(e.g., Corp., LLC, LLP, Partnership)

What percent interest/ownership is held in this business? \_\_\_\_\_

If business is a partnership, please list the general partners: \_\_\_\_\_

If the business is a corporation, please have the corporation's secretary or another officer attest to the release of information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

B. **Do you or your spouse currently own a controlling interest in any other business or have you owned a controlling interest in a business in the past 7 years?** YES \_\_\_ NO \_\_\_

Owner: You \_\_\_ Spouse \_\_\_ Both \_\_\_

Please provide the following information for all such businesses:

Business Name and Address \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If other than a sole proprietorship, business type \_\_\_\_\_ Dates owned \_\_\_\_\_  
(e.g., Corp., LLC, LLP, Partnership)

If the business is owned by your spouse or is a corporation, please have your spouse, the corporation's secretary or another officer attest to the release of information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

\* \* \* \* \*

Business Name and Address \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If other than a sole proprietorship, business type \_\_\_\_\_ Dates owned \_\_\_\_\_  
(e.g., Corp., LLC, LLP, Partnership)

If the business is a corporation, please have the corporation's secretary or another officer attest to the release of information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

**Supplemental Form B  
For Business Owners  
(Continued)**

\*\*\*\*\*

Owner: You \_\_\_\_ Spouse \_\_\_\_ Both \_\_\_\_

Business Name and Address \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If other than a sole proprietorship, business type \_\_\_\_\_ Dates owned \_\_\_\_\_  
(e.g., Corp., LLC, LLP, Partnership)

If the business is a corporation, please have the corporation's secretary or another officer attest to the release of information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

\*\*\*\*\*

Owner: You \_\_\_\_ Spouse \_\_\_\_ Both \_\_\_\_

Business Name and Address \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If other than a sole proprietorship, business type \_\_\_\_\_ Dates owned \_\_\_\_\_  
(e.g., Corp., LLC, LLP, Partnership)

If the business is a corporation, please have the corporation's secretary or another officer attest to the release of information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

\*\*\*\*\*

Owner: You \_\_\_\_ Spouse \_\_\_\_ Both \_\_\_\_

Business Name and Address \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

If other than a sole proprietorship, business type \_\_\_\_\_ Dates owned \_\_\_\_\_  
(e.g., Corp., LLC, LLP, Partnership)

If the business is a corporation, please have the corporation's secretary or another officer attest to the release of information.

Signature \_\_\_\_\_ Title \_\_\_\_\_

**Print duplicate sheets of this page to provide information on additional businesses.**