



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.