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## FORM 2

## CONFIDENTIAL

## CITY OF MIAMI

**REQUEST FOR PROPOSING ENTITY BACKGROUND/CREDIT SCREENING**

## This form should be completed and signed by the authorized representative of Proposer’s legal entity and Proposer’s principals.

|  |  |
| --- | --- |
| **Date Submitted:**  |  |
|       |  |       |  |       |  |       |
|  | Company Name |  |  Company Address |  |  City State |  | Zip Code |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company EIN# Company Email Address Company Telephone Number Website |
| The following company information is required for positive identification purposes when verifying company’s business background and credit history. This information is confidential and will not be used for any other purposes.   |
| Year Company Started : |  |   |  No. of Employees  |  |
| Company Officers: |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Full Name  |  Official Title  | Date of Hire |
| I hereby authorize the City of Miami and/or its employees, agents or representatives to check any records pertaining to the background and credit history of my company for purposes relating to a City of Miami Department of Real Estate & Asset Management Request for Proposal (RFP) 15-16-009 and/or Offering Memorandum (OM) 15-16-008. |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Applicant’s Signature  |  Printed Named  | Date  |
|  |
| COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|       |
| Initials of Screener: | Date:       |

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## CONFIDENTIAL

## CITY OF MIAMI

## REQUEST FOR INDIVIDUAL GENERAL BACKGROUND/CREDIT SCREENING

## To be completed by applicant

|  |  |
| --- | --- |
| **Date Submitted:**  |  |
|       |  |       |  |       |  |       |
|  | Last Name |  | First Name |  | Full Middle Name |  | Maiden/Alias |
|  |
| The following personal information is required for positive identification purposes when verifying credit history, driver’s history, and public records. It is confidential and will not be used for any other purposes. If applicable, print other names you have used during your lifetime. Social Security Number - Social Security Number will only be used in order to confirm your identity for the purposes of completing an accurate background investigation. Supplying your Social Security Number is required as part of the background screening process. **Date of Birth** – Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation. **Driver’s License Number** – Your driver’s license number is required on this form in order to confirm your identity for purposes of completing an accurate background investigation.  |
| Date of Birth : | Month /Day /Year  |  | Social Security Number: |       -- -- |
| Driver’s License (DL) Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Name as appears on DL: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_ | (recent past address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **B. TO BE COMPLETED BY CITY OF MIAMI**  |  |  |
|      CITY OF MIAMI |  |      (305) 416-1426 |  |  |
| Requestor’s Name  |  | Telephone Number & Ext. # |  |  |
| REAL ESTATE & ASSET MANAGEMENT |  |      444 SW 2nd Ave 3rd Floor, Miami, FL 33130 |
| Department/Division/Office Name |  |  Office Address |
|  |  |  |       |
| E-Mail Address |  |   |
|  |
| I hereby authorize the City of Miami, its employees, agents or representatives to check any records pertaining to my background, credit history and references. I understand that my personal information will only be used for any of the above-referenced purposes. Please sign and return the completed form to the Requestor.  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  Applicant’s Signature  |  Printed Named  | Date  |
|  |
| **C. TO BE COMPLETED BY THE BACKGROUND SCREENING UNIT*****Note:*** *FAIR CREDIT REPORTING ACT, DRIVER’S PRIVACY ACT, and ANY PUBLIC APPLICABLE STATE STATUTE(S) NOTICE:* In accordance with the FAIR CREDIT REPORTING ACT, the Driver’s Privacy Act, and any applicable state statute(s), this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. |
|  |  |  |  |  |  |  |  |  |
|  |
| COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|       |
| Initials of Screener: | Date:       |