

### **Bermuda Background Check**

#### **Check Information**

This application form captures the information that First Advantage Ltd needs in order to process an Overseas Background Check in **Bermuda**.

### **Check Type**

National Criminal Record Check.

#### **Official Source of Information**

The Magistrates Courts.

#### **Turnaround Time**

23 working days.

#### **Disclaimer**

The information provided in this pack is correct at the time of production.



#### **Guidance Notes for the Applicant**

Please read the instructions below before you start, as they will help you to complete the form correctly.

#### **Required Information**

Make sure that you fill in all the fields on the form. You (the applicant) should complete the form yourself.

#### You must supply ALL of the following:

- Your full name
- Your date of birth
- Any other names you are or have previously been known by
- Your most recent address in Bermuda
- Your current address
- A scanned image of your passport, driving licence, or national ID card
  - o The ID document must be clear, uncut, and scanned in colour
- A completed and signed Bermuda-specific form (included at the end of this application)
  - You should read the instructions included at the end of this application before filling out this form
- A signed consent form
  - You must sign, date, and tick the consent box in the 'Release of Information' part of the final section of this application form

When you have completed all the required paperwork, send it to the organisation that requested the check in line with their instructions.



#### **Overseas Criminal Record Check Application Form**

You can complete this form electronically *or* print it out and fill it in with black or blue ink. In either case, you must provide a *hand-written signature* in the final section of the form. Please use **BLOCK CAPITAL LETTERS** if you are filling out the form by hand.

#### **Section 1: Personal Details**

Supply your full legal name as shown on your passport, and any other names you are or have previously been known by. Write your date of birth in the format 'Day-Month-Year'.

Forename:	
Middle Name(s):	
Surname:	
Date of Birth:	
Other/Previous Name(s):	
•	



#### **Section 2: Address Details**

Supply your most recent address in Bermuda and your current address (if different). You must write the address in full, including the door number and the post/zip code (where applicable).

Most Recent Address in Bermuda	
Building Name:	
House/Flat Number:	
Street:	
City/Town:	
Post/Zip Code:	
Region/State:	
Country:	
Current Address (if different)	
Building Name:	
House/Flat Number:	
Street:	
City/Town:	
Post/Zip Code:	
Region/State:	
Country:	



#### **Section 3: Scanned Image of Your Supporting ID Document**

You must include a scanned image of a valid ID document with this application. See the 'Guidance Notes for the Applicant' for information about what ID documents are acceptable.



#### Section 4: Applicant/Employee Notification and Release of Information

Applications for this background check are processed by the organisation that has requested this check (usually your employer) and First Advantage | KnowYourPeople ('First Advantage Incorporated'). The information provided by you to the organisation that has requested this check will be passed to First Advantage who administer the check on behalf of the organisation.

In order for overseas background checks to be completed, your information will also be passed to First Advantage to conduct searches on your background information. This may include civil and criminal records, local language media information and this will be completed by contacting the relevant government agencies and courts and other contributors (the "Contributors") within the country noted on this application form.

These bodies use the information provided to identify possible matches to records held by them. Where such a match is established, personal data may be released to First Advantage for inclusion on any report issued and where information is noted, personal data and information relating to any criminal record relating to you will be released to First Advantage for inclusion on any report issued.

Where your personal data is transferred outside the EEA, it is protected in a manner that is consistent with how your personal data will be protected in the EEA. This can be done in a number of ways:

- The country might be approved by the European Commission or a relevant data protection authority;
- The recipient might have signed up to a contract based on "model contractual clauses" approved by the European Commission, obliging them to protect your personal data;
- In other circumstances, the law may permit the transfer your personal data outside the EEA, for example, where there is a legal obligation of the organisation requesting the check or a contractual obligation to complete the check.

The information provided in this application form may be used to verify your identity for authentication purposes.

Release of Informati	on
Please TICK the box	
• ,	for the relevant government agencies and courts and other contributors (the vide First Advantage with personal information that they may hold about me in
	read the above statement of 'Applicant/Employee Notification and Release of aware how my information will be used to complete the check.
Print Name:	
Applicant Signature:	
Date:	

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### **JUDICIAL DEPARTMENT - MAGISTRATES' COURT**DAME LOIS BROWNE EVANS BUILDING, 58 COURT STREET HAMILTON HM 12, BERMUDA

### **RECORD REQUEST FORM**

	Receipt#		
I hereby request copies of <b>C</b>	RIMINAL convictions (if any) f	for the period:	
Please check one box			
□ 3 years to present □ 5	years to present 🗆 <b>7</b> years	s to present	
□ from <b>1996</b> to present			
Please Print Below			
Full Name:	Mi Lilla Manna (a)		
	Middle Name(s)	Last	
Date of Birth (DD/MM/YYYY):_ Spell out Month			
Current Address:		<del>_</del>	
Previous Address:			
Passport #:	Driver License	e#	
Phone Contact #'s Cell	Home		
□ I will Collect:			
□ I authorize:		to collect on my behalf.	
I understand that the research for together with an administrative for Valid Color Photo ID is required		ately fifteen (15) working days,	

Dated \_\_\_\_\_

Signed\_\_\_\_\_



## JUDICIAL DEPARTMENT - MAGISTRATES' COURT DAME LOIS BROWNE EVANS BUILDING, 58 COURT STREET HAMILTON HM 12, BERMUDA

### **RECORD REQUEST FORM**

Receipt#\_\_\_\_\_

I hereby request copies of <b>CRIMINAL</b> convictions (if any) for the period:
Please check one box
□ 3 years to present □ 5 years to present □ 7 years to present
□ from <b>1996</b> to present
Please Print Below
Full Name:
First Middle Name(s) Last  Maiden Name:
Date of Birth (DD/MM/YYYY):
Current Address:
Previous Address:
Passport #: Driver License #
Phone Contact #'s Cell Home
□ I will Collect:
□ I authorize:to collect on my beha
I understand that the research for this information takes approximately fifteen (15) working days together with an administrative fee of \$10.00 per application.  Valid Color Photo ID is required.
Signed Dated

- The form must be done in legible handwriting.
- The subject must tick the box that describes the time span for which the records should be requested. One of the following options must be chosen: 3 years to present; 5 years to present; 7 years to present; from 1996 to present.
- The subject must PRINT answers (separate letters, not cursive).
- All dates including the Date of Birth must be in the format DAY/MONTH/YEAR and the Month must be spelled out (i.e. 5 January 1995).
- If the current address provided is outside of Bermuda, the last registered address in Bermuda should be provided in the "Previous address" section of the form. If only the current address in Bermuda is provided, the "Previous address" section must contain "N/A".
- The subject must include both the Passport Number and Driver's License Number on the form. If the subject does not have a Driving License, then the section must contain "N/A."
- At least one phone number must be provided.
- The subject must check the box "I authorize: \_\_\_\_\_\_\_to collect on my behalf". Please handwrite in a legible, printed letter the name of the authorized representative: Milika Nicole Seymour. Then enter the representative's position: Administrative Assistant/Consultant.
- Please DO NOT tick the box "I will Collect"
- The form must be signed with a wet signature, but the Date of the Signature must remain blank. This is for the Authority to complete upon processing the application.