

BACKGROUND CHECK INFORMATION & AUTHORIZATION

FULL LEGAL NAME: _____
Last First Middle Initial

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

PLEASE CIRCLE ONE: MALE FEMALE

RACE: _____

MAIDEN NAME: _____
(if applicable)

AUTHORIZATION/RELEASE:

I authorize the City to investigate my background and obtain information regarding any criminal convictions or allegations of criminal conduct relating to theft, dishonesty, assault, sexual assault, and controlled substances. The City is authorized to secure any necessary information from all prior employers, personnel, references, law enforcement agencies, or other persons and entities and public records. I hereby release and hold harmless any record, or volunteer history.

Print Name: _____

Signature: _____

Date: _____