

TOWN OF BOOTHBAY
Background Check Form

RELEASE OF INFORMATION AND APPLICANT AUTHORIZATION

In connection with my application for employment with the Town of Boothbay (the "Town"), I authorize the release of information pertaining to my past employment and related matters.

I understand, acknowledge and authorize the Town to request and obtain information from various federal, state and other agencies, educational institutions, previous employers, references and private sources which maintain records or have knowledge regarding my current and prior activities. These requests include but are not limited to my driving record, criminal record, previous employment and education, and credit history, if required for the position I am applying for. I authorize any source to release this information without restriction to the Town and their respective officers, agents or employees. I release from any liability the Town of Boothbay and any person or organization seeking, gathering or providing such information to the Town.

I acknowledge that a facsimile, pdf or copy of this Release shall be as valid as the original. This Release is valid for all private persons and entities, and federal, state, county and local agencies and authorities.

PLEASE PRINT ALL INFORMATION ON THIS FORM

Last Name:	First Name:	Middle Name:
Driver's License # or State ID #:	State of Issue:	Social Security Number:
Other Names by which you have been known:		Date of Birth:

Last Five (5) Years of Residence				
Street Address	City/Town	State	Zip Code	Dates (from and to)

I have read this Release of Information and Applicant Authorization. By signing below, I understand, acknowledge and authorize its terms.

Date

Applicant Signature