



BACKGROUND CHECK AUTHORIZATION TOWN OF GRAY MAINE

For Office Use Only
Date Received: _____
Received by: _____

VOLUNTARY STATEMENT OF CONSENT FOR INVESTIGATION AND RELEASE OF INFORMATION

I, _____, understand that in order to assess my qualifications for the position of _____ a full background investigation is necessary.

I, therefore, authorize the Municipality of Gray to conduct an investigation in order to obtain information concerning my background, which may include but not be limited to:

	<i>(Initials)</i>	<i>(Date)</i>
Verification of information provided on my application for employment		
Contacting employers (past/present), clients, business associates, professional organizations, or other institutions, regarding work performance and character		
Verification of licensure and/or educational attainment		
Criminal background check		
Driver's license check		

AUTHORIZATION

I hereby release any individual, entity and the municipality from all claims of liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

Legal Name (print)			
Maiden/Other Names Used			
Social Security Number		Driver's License Number	
Date of Birth			
Signature			
Today's Date			