

Town of Shapleigh – Background Check Authorization Form

All information will be kept strictly confidential

Name

First

Middle

Last

Address

Street

City

State

Zip

Maiden Name or Other Names Used

Date of Birth _____

Social Security # _____ Driver's License # _____

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? _____

Have you ever been accused, arrested, or convicted of abuse or sexually related crimes? _____

Is there anything in your life-style or background that would call into question your ability? _____

If you answered yes to any of these questions, please explain:

Please note: Answering "yes" to any of these questions does not automatically disqualify you. Please use the spaces provided to explain the circumstances.

I hereby authorize The Town of Shapleigh to make an independent investigation of my background and/or criminal police records. I release The Town of Shapleigh, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature _____ Date _____

Please write any questions or comments you have on the back of this sheet.