## **CONFIDENTIAL**

## TOWN OF WINTERVILLE PARKS & RECREATION BACKGROUND CHECK AUTHORIZATION

Print Name:		<u> </u>		
First		Middle	Last	
Former Name(s) and Dates	Used:			
Current Address Since:				
Mo	o/Yr	Street	City	Zip/State
Previous Address From:				
M	lo/Yr	Street	City	Zip/State
Previous Address From:				
	lo/Yr	Street	City	Zip/State
Social Security Number:			DOB:	
Telephone Number:				
Drivers License Number/Sta	ate:			
review of my background ca generated for employment a report/investigative consum social security number; curr justice agency in any or all to other public records.	and/or voluer report in the content and property and prop	unteer purposes. I und may include, but is no previous residences; an	derstand that the scope of limited to the following criminal history reco	of the consumer ing areas: verification of ords from any criminal
I further authorize any indivinformation, verbal or writte authorize the complete releasirm, corporation, or public	en, pertair ase of any	ning to me, to <b>Town o</b> records or data pertai	of Winterville, NC or in the ining to me which the i	its agents. I further individual, company,
<b>Town of Winterville, NC</b> a received from this authoriza information, including, but	ation in a c	confidential manner in	n order to protect the a	pplicants personal
Signature:			Date:	
Notice to California, Minn Please check the box below  I wish to receive a copy	if you wi	ish to receive a copy or	f a consumer report that	_

## TOWN OF WINTERVILLE PARKS & RECREATION NOTIFICATION AND RELEASE TO OBTAIN INFORMATION

I,	, acknowledge that I have received
notice that the Town of Winterville will seek to obtain consumer	reports (i.e. criminal background,
driving record, etc.) that will include personal information regard	ing me and I hereby authorize the Town
of Winterville to obtain such consumer reports from a third party	company in accordance with all
applicable local, state and federal laws.	
Signature:	Date: