

CONFIDENTIAL

**TOWN OF WINTERVILLE PARKS & RECREATION
BACKGROUND CHECK AUTHORIZATION**

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ - _____ - _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Town of Winterville, NC** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Town of Winterville, NC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Town of Winterville, NC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security number, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.

**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 regarding 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: _____