

MUNICIPALITY OF WATERBORO
Background Check Authorization

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 Waterboro to conduct an investigation in order to obtain information concerning my background, which may include but not be limited to:

- Verification of information provided on my application for employment

_____ (Initials) _____ (date)

- Contacting employers (past/present), clients, business associates, professional organizations, or other institutions, regarding work performance and character

_____ (Initials) _____ (date)

- Verification of licensure and/or educational attainment

_____ (Initials) _____ (date)

- Criminal background check

_____ (initials) _____ (date)

- Driver's license check

_____ (initials) _____ (date)

I hereby release any individual, entity and the municipality from all claims of liabilities that might arise from the inquiry into or disclose of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy. All the information and materials I have provided to the Municipality of Waterboro as part of the employment process are accurate and truthful. I realize that providing the municipality with false information or intentionally withholding relevant information regarding my application may be grounds for dismissal.

Applicant Name (print) _____ Date _____

Applicant Signature _____

Social Security Number _____