

Background Check Information Form

Applicant Information and Signature

I understand that to aid in the proper identification of my file or records, the following information is necessary:

Print Your Name _____

Current Address _____

Last 4 of Soc. Sec. No. _____ Date of Birth _____ Sex _____ Race _____

Drivers' License No. _____ State _____

Applicant's Signature _____ **Date** _____

Applicant Request for Records

If the company obtains records from a consumer reporting agency, such as my credit report, (*applicant, select one*):

- I would like a copy I would not like a copy

Background Check Authorization

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Maxwell Community Volunteer Fire Department (MCVFD) to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Maxwell Community Volunteer Fire Department (MCVFD) will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed