

Tel: (207) 926-4126 Fax: (207) 926-4136

Town of New Gloucester

385 Intervale Road New Gloucester, ME 04260

Background Check Authorization Form

(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 the Town of New Gloucester 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 the Town of New Gloucester 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.

Department:	PARKS AND RECREATION DEPARTMENT			
Applicant Name:	FIRST	MIDDLE	LAST	
Street Address:				
Mailing Address:				
City/Town:				
State/Zip:				
Home Phone:				
Work Phone:				
Social Security Num	ber:			
Date of Birth:				
Maiden Name:				
Driver's License #: _			State:	
Applicant Signature	e:			
Date:				