



BACKGROUND CHECK ACKNOWLEDGMENT TOWN OF GRAY, MAINE

For Office Use Only

Date Received: _____

Received by: _____

STATEMENT OF AUTHORIZATION

I, _____, understand and agree that in order to assess my qualifications for the position of _____ a full background investigation is necessary if I am offered employment. I also understand that all offers of employment are contingent upon clear results of a background check as well as verification of identity and eligibility to work in the United States.

I authorize the Town of Gray and its designated assignees, employees, or officers to conduct a comprehensive review of my background, which may include but not be limited to these areas: address history verification; employment and education verification; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; motor vehicle records, including traffic citations and driving history; and any other public records.

I authorize any individual, company, firm, corporation, or public agency to release these records or data to the Town or its agents for the purpose of evaluating my application for employment. I understand that the information provided on this form is required solely for the purpose of conducting the background check and will not be used otherwise. I also authorize a photocopy of this authorization to be accepted with the same authority as the original.

In the event that I am hired, I authorize the Town to conduct a background investigation every five years following either my date of hire or the anniversary date of a previous background check in the event that I remain employed with the Town.

APPLICABLE TO PUBLIC SAFETY AND CDL LICENSED PERSONNEL ONLY: I hereby acknowledge that maintaining a clean driving record is a condition of employment and authorize the Town to conduct a review at hire and annually for as long as I hold a position requiring the operation of a Town vehicle. INITIAL HERE IF APPLICABLE: _____

APPLICANT SECTION

Full Name (print)			
Maiden/Other Names Used			
Date of Birth		Phone	
Address			
If less than 5 years at this address, please include former address			

I hereby certify that all of the information I have provided to the Town of Gray for the purpose of conducting a background check is accurate and truthful.

Signature/Date	
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PARENT/GUARDIAN SECTION

Parent/Guardian authorization is required if applicant is under the age of 18.

Parent/Guardian Name	
Parent/Guardian Signature/Date	

It is the policy and practice of the Town of Gray to initiate at least a criminal background check for all prospective employees, as well as necessary independent contractors and volunteers to ensure the welfare and safety of citizens in the Town of Gray.