



Appendix E

CONFIDENTIAL Background Check Authorization Release Form

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 Home and Cell: _____

Drivers License Number: _____ State Issued: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the **Town of Lake Hamilton, Florida** and its designated agents and the 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; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil 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 all information, verbal or written, pertaining to me, to the **Town of Lake Hamilton, Florida** 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. **The Town of Lake Hamilton, Florida** 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 numbers, and dates of birth.

Signature: _____ Date: _____