

Background Check Authorization Form

I, _____ understand that in order to assess my qualifications for the position of _____, a full background investigation is necessary. I, therefore, authorize the Town of Richmond to conduct an investigation which may include but not be limited to: verification of information provided by me to the Town of Richmond: a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the Town of Richmond as part of the employment process are accurate and truthful.

I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance, and authorize schools that I have attended to provide verification of educational attainment and other relevant information.

I understand that this form authorizes the Town of Richmond to conduct a pre-employment physical for purposes of assessing my overall health qualifications for employment with the Town of Richmond. (All costs associated with the physical will be paid by the Town of Richmond).

Date: _____

Social Security #: _____

Date of Birth: _____

Drivers License # & Issuing State: _____

Applicant Signature: _____

Parent's Signature: _____

(For applicant's under 18)