

CONFIDENTIAL

Background Check Authorization

ALL FIELDS ARE REQUIRED

Print Name:

Male Female (circle)

(First)

(Middle)

(Last)

D.O.B.

Former Name(s) and Dates Used:

Current Address:

(Street)

(City)

(Zip/State)

(Yrs There)

Previous Address:

(Street)

(City)

(Zip/State)

(Yrs There)

Previous Address:

(Street)

(City)

(Zip/State)

(Yrs There)

Social Security Number:

Telephone Number:

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Washington Borough Recreation** and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number, current and previous residences, and criminal records from any criminal justice agency in any 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 any and all information, verbal or written, pertaining to me, to **Washington Borough Recreation** 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 the information or data received from other sources.

Washington Borough Recreation 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, address, social security numbers, and dates of birth.

Signature: _____

Date: _____