



TOWN OF ROCKY HILL
Department of Human Resources
GENERAL AUTHORIZATION / RELEASE
(Rev. 11/17/15)

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment and other experiences. Workers Compensation information will be requested in compliance with the Americans with Disability Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the employer and others acting on its behalf will take measures to protect the aforementioned against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business of the employer and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or insurance company contacted by us, directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information.

Print Name: Last Name First Name Middle Name

Previous Name(s): Date of name change(s):

Social Security Number: Date of Birth:

Driver's License Number: State:

Current Address: Street City State Zip Code

Number of years and months you resided at above:

Previous Address: Street City State Zip Code

Number of years and months you resided at above:

Applicant / Tenant Signature: Date:

Company Performing Background:

Contact: Phone: Fax:

- Criminal Records/SS Verify
Criminal and Credit
Criminal Credit & Driving
Federal Criminal Check
Resume Verification
Driving Record
Drug Screening
Special Instructions:

- Education Verification
Employment Verification
Worker's Compensation
Employment Verification
Civil Litigation Search
Professional License Verification