Volunteer / Community Service Hours Background Check Authorization Form - Town of Yarmouth

I, <u>Name</u> , understand that in order to assess my qualifications for the v background investigation is necessary. I, therefore, authorize the Tov in order to obtain information concerning my background, which may	wn of Yarmouth to conduct an investigation
1. Verification of information provided on my application for employ	rment. (initials)
2. Contacting school, employers (past/present), clients, business associated associated as a school of the contacting sch	ciates, professional organizations, or other
institutions, regarding work performance and character.	(initials)
3. Criminal background check.	(initials)
I hereby release any individual, entity and the municipality from all clinquiry into or disclosure of such information, including claims under and any claims for defamation or invasion of privacy.	
All the information and materials I have provided to the Town of Yar service eligibility process are accurate and truthful. I realize that provinformation or intentionally withholding relevant information regarding dismissal.	viding the municipality with false
Applicant Name (Print)	-
Applicant Signature	_
Date of Birth:	_
Social Security Number	_
Date	