

**TOWN OF PROSPECT**

*Incorporated February 24, 1794*

**Background Check Authorization Form**



\_\_\_\_\_  
~ Position ~

I, \_\_\_\_\_ understand that in order to assess my qualifications for the Position noted above, a full background investigation is necessary. I, therefore, authorize the Town of Prospect to conduct an investigation which may include but not to be limited to: verification of information provided by me to the Town of Prospect: a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, government and law enforcement agencies regarding work performance, character references, record history information; contacting employers for performance information and verifying educational attainment. All the information and materials I have provided to the Town of Prospect 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 Prospect to conduct a pre-employment physical for the purposes for assessing my overall health qualifications for employment with the Town of Prospect. (All costs associated with the physical will be paid by the Town of Prospect).

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License # & Issuing: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_