Town of Shapleigh - Background Check Authorization Form/Recreation Committee

Name: _____
First Middle Last

Address: _____
Street City State Zip

Maiden Name or Other Names Used: _____

Date of Birth: _____/_____/_____

Social Security Number: _____/_____/_____ Driver's License Number: _____

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations?

☐ Yes ☐ No

Have you ever been accused, arrested or convicted of abuse or sexually related crimes?

☐ Yes ☐ No

Is there anything in your life-style or background that would call into question your ability?

☐ Yes ☐ No

If you answered "Yes," to any of these questions, please explain:

_____

_____

_____

Please note: answering "yes" to any of these questions does not automatically disqualify you. Please use the spaces provided to explain circumstances.

I hereby authorize the **Town of Shapleigh** to make an independent investigation of my background and criminal or police records. I release the **Town of Shapleigh,** and any other person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature: _____ Date: _____

Please write any questions or comments you have on the back of this sheet.

Completed form must be turned in to the Town Administrator.

Updated 8/11/2020