

**TOWN OF ALFRED
16 SACO RD, PO BOX 850
207-324-5872**

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I, _____(Type/print full name, understand and agree that, as a condition of employment, and in order to assess my qualifications for the position of _____, a full investigation of my background is necessary, including verification of all information submitted on my application for employment.

I have read, understand and agree to the following:

I hereby authorize a representative of the Town of Alfred or a third party acting on its behalf, to conduct a thorough inquiry into all areas deemed necessary to assess my qualifications for employment. I understand and agree that the representative may contact or contract with private information centers, consumer reporting agencies, government agencies, mutual associations, educational institutions, former employers and other third parties to assess my qualifications and verify information that I provide is accurate in every way. This may include, but is not limited to: verification of my employment, educational, and personal history; verification of information provided on my application or resume; contact with current and former employers, clients, business associates, professional organizations or other institutions regarding work performance and character; inquiry into my credit history, driving record and criminal history** as well as all public record information relating to my application for employment.

I hereby specifically release from liability and authorize employers, local, state, and federal administrators, credit bureaus, institutions, mutual associations, consumer reporting agencies or any persons to freely and completely respond to any inquiry made by or on behalf of the Town of Alfred.

A copy of this document shall be, for all intents and purposes, as valid as the original.

Applicant Legal Name _____ SSN: _____
Last First MI

Other Names Used: _____ Date of Birth: _____

Driver's License NO.: _____ State of License: _____

Legal Address: _____
Address City/Town State Zip code

I hereby authorize the background investigation discussed herein and I affirm that all answers given to the Town of Alfred are true and complete. I understand that my employment may be ended at any time if it is discovered that I withheld or falsified any information during the hiring process.

Signature _____ Date _____

****Optional items – Municipalities wishing to conduct a credit, driving and/or criminal history check must evaluate the business need for these checks. Offers of employment should be made contingent on the successful results of the background check. Note: a background or check may fall under the Fair Credit Reporting Act (FCRA) as a “consumer reports” if performed by a THIRD PARTY. Employers may use these consumer reports when hiring new employees and when evaluating employees for promotion, reassignment, and retention – as long as FCRA’s procedures are followed. Sections 604, 606 and 615 of the FCRA spell out employer responsibilities when using consumer reports for employment purposes. In any case where information in a consumer report is a factor in not hiring an applicant – even if the report information is not a major consideration – the employer must follow the procedures mandated by the FCRA. See “Tools” for further guidance on FCRA’s requirements. IMPORTANT NOTE: Background checks which are considered “investigative consumer reports” are subject to additional procedural requirements. The employer has an obligation to make available information regarding the nature and scope of the investigation requested. In addition to FCRA’s requirements, other legal requirements and considerations exist for all three checks. See the article in “Background Checks” in the HR Toolkit for a brief discussion of this subject matter.**