**BACKGROUND RELEASE FORM**

**PLEASE READ CAREFULLY**

BY MY SIGNATURE BELOW I AUTHORIZE:

The City of Carlton to complete a background check. This authorization is valid for purposes of verifying information given pursuant to employment.

By my signature, I authorize all corporations, current employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about activities I may have been involved in.

This authorization shall be valid in original or copy form.

Specifically, I authorize the City of Carlton to check my (check all that you are authorizing):

* Employment References
* Personal References
* Educational Degrees
* Professional Certifications
* Driving Record
* Criminal Background
* Character References

Maiden names or other names by which you have been known:

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_

Current Address:

Drivers License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S NAME (PLEASE PRINT)

APPLICANT’S SIGNATURE DATE