CRIMINAL/CREDIT BACKGROUND CHECK AUTHORIZATION FORM

City of Paris

PLEASE PRINT ALL REQUESTED INFORMATION:

Name_____
Last **First** **Middle**

Other Names Used:_____

Current Address:_____

City/State/ZIP Code:_____

Driver's License #:_____ **CDL Yes**_____ **No**_____

Date of Birth_____ **Social Security #**_____
Your date of birth is being requested in order to obtain accurate retrieval of records.

In connection with a job offer for employment at the City of Paris, I authorize the City of Paris to conduct a background check on me. I understand that this background check will cover such information as criminal history, education and employment, and professional licensure/certifications. I also understand that if I am being considered for a position that handles cash receipts, I also authorize a credit check. I understand that this background check may include information from previous employers relating to my work experience. I hereby release the City of Paris and its employees of all liability related to securing this information. I certify that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for employment or could result in disciplinary action up to and including termination.

Signature:_____ **Date:**_____