



## Town of Topsham

### BACKGROUND CHECK AUTHORIZATION

I, \_\_\_\_\_, do understand that before concluding the assessment of my qualifications for the position of \_\_\_\_\_ with the Town of Topsham a background investigation will become necessary. I therefore authorize the Town of Topsham or its agents to conduct such an investigation for this purpose involving such topics but not limited to, driving history checks, criminal records checks, contacting prior employers where I have been employed pertaining to performance, contacting personal references, and verifying educational attainment. I hereby authorize all my present and previous employers or their successors and /or references to release and furnish information concerning my personal character, habits, or release and provide such records and information as may pertain to my attendance and performance.

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

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

\_\_\_\_\_  
Applicants Full Name (printed)

\_\_\_\_\_  
Alias or Other Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Previous Address (if less than 3 yrs)

\_\_\_\_\_  
Today's Date

*Municipal Building, 100 Main St, Topsham, Maine 04086*