City of Passaic
CONFIDENTIAL

Background Check Authorization

Print Name: _____

(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____

(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____

(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize The City of Passaic and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to The City of Passaic or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The city of Passaic and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants' personal information, including but not limited to addresses, social security numbers and date of birth.

Applicant's Signature: _____ Date: _____

If you are under 18yrs old your parent must complete this section.

A minor _____, is applying for employment with the City of Passaic. Part of the employment process includes background checks and/or drug testing.

As the parent(s) of the above-referenced minor, I understand the purpose of these pre-employment checks and hereby provide my consent for the background checks and/or drug test.

_____ _____

Parent/Legal Guardian Print Name **Parent Legal Guardian Signature:**

Relationship to minor: _____ **Date:** _____