Town of Madison Background Check Authorization Form Please Print Clearly – Thank you!

I, (name)_____, understand that in order to assess my qualifications for the position of_____, a full background investigation is necessary. I therefore authorize the Town of Madison to conduct an investigation which may include but not be limited to: verification of information provided by me to the Town of Madison, a financial management check, contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information, contacting employers for performance information, and verifying educational attainment.

All the information and materials I have provided to the Town of Madison as part of the employment process are accurate and truthful. I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and authorize schools which I have attended to provide verification of educational attainment and other relevant information.

I further provide the Town with authorization to conduct a background investigation on an annual basis in the event that I continue to hold a position with the Town. I understand that I may revoke this authorization at any time by notifying the Town in writing. I understand that if I choose to retract this authorization with respect to future background investigations that have not yet occurred, doing so may preclude me from continuing to hold a position with the Town.

Maiden or previous last name: _____
Email Address: _____
Phone Number:_____
Date of Birth:_____ SS#:_____
Driver's License #: _____ Expiration: _____

Applicant Signature:_____
Date:_____

Please email back to finance@madisonmaine.com

Thank you!