T-SHIRT SIZE:



City of Paducah National Background Screening Consent Form

Applicant's <u>Legal</u> Name (F, M, I	L - printed)
Social Security Number	Date of Birth
Phone Number	Email Address
Applicant's Address	
City	StateZip
I,obtain information regarding m	, authorize and give consent for the above-named organization to yself. This includes the following:
 Local & National Cr All 50 State Sex Off Full Address Trace Social Security Veri 	
connection with my application in accordance with this authorize	s information to be obtained either in writing or via telephone in . Any person, firm, or organization providing information or records zation is released from any and all claims of liability for compliance. In confidence in accordance with the organization's guidelines.
A criminal report may be obtain approved, throughout your volu	ned at any time after receipt of your authorization and if you are inteering.
	Date:
	below, I hereby represent that I am the Parent or Legal Guardian of am providing my consent for a pre-employment background check.
Print Name:	Date:
Signature:	