

Franklin-Bingham Fire Department

Candidate Background Investigation Authorization & Release Agreement

Candidate's Full Name _____

Date of Birth _____ Social Security Number _____

Phone Number _____ Email Address _____

Home Address _____

Driver License _____ State _____ Exp Date _____

I authorize the Franklin-Bingham Fire Department and the Franklin Police Department, to investigate all employment and/or personal references and to secure any additional information about my personal background for the purpose of conducting pre-employment background research including, but not limited to:

- Driving Record through the State of Michigan, Secretary of State
- Criminal Records
- Civil Litigation Records
- Past Employment Verification

This release is executed with full knowledge and understanding that the information is for the official use of the Franklin Bingham Fire or Franklin Police Departments. Consent is granted for the Franklin Bingham Fire or Franklin Police Departments to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities.

I am furnishing my social security number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised the Franklin Bingham Fire and Franklin Police Departments will utilize this number only to facilitate the location of employment, military, and educational records concerning me in connection with this application.

I hereby release from liability, Franklin-Bingham Fire and Police Departments and all other representatives for seeking information, and all other persons, corporations, or organizations for furnishing such information.

Should there be any question as to the validity of the release, you may contact me as indicated below.

Candidate's Signature Date

Witness's Signature Date