

**Background Investigation and Verification Consent Form
Town of North Kingstown**

**To be completed by Active Candidates for the position of _____
with the Town of North Kingstown.**

Name _____

Maiden Name _____

Address _____

City/Town _____ State ____ Zip _____

Date of Birth _____ Social Security # _____

Race _____ Sex _____

Driver's License # _____ State Issued _____

List the City/Town and State of your previous places of residence, education, and/or employment (whichever are applicable) during the past seven years:

City/Town & State	Length of Time (years/months)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I certify that the above information and any information provided by me, in writing or orally during the application process and interviews for this position, was and is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement may be deemed sufficient cause to reject my application or terminate my employment.

Authorization and Release

I hereby authorize the Town of North Kingstown and its agents to verify the information submitted by me and, in addition, to obtain credit information and/or motor vehicle driving records concerning me. I also authorize the Town of North Kingstown, by and through its Police Department, to conduct a criminal records investigation concerning me and to furnish The Town Manager of the Town of North Kingstown with the results of that investigation.

I agree that in conducting the above described investigations neither the Town of North Kingstown or its agents shall be violating my right to privacy in any manner and I hereby waive and release any and all manner of claims, actions and demands of every kind, nature and description, which against the Town of North Kingstown or any of its officers, employees or agents, I now have or in the future may have as a consequence of their actions related to such investigations.

_____ Date: _____
Signature of Candidate:

State of Rhode Island
County of Washington

On the ___ day of _____, 2____, the above candidate personally appeared before me and made oath that the facts stated above are true and, in addition, acknowledged that his/her execution of the above Authorization and Release was his/her free act and deed.

Notary Public: _____

My Commission expires: _____