



BACKGROUND AUTHORIZATION FORM

NAME:
SSN:
OTHER NAMES USED:
HOME ADDRESS: CITY/STATE/ZIP:
HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS:
PREVIOUS ADDRESS: HOW LONG:
DATE OF BIRTH:
DRIVER'S LICENSE NUMBER/STATE OF ISSUE:

In connection with my application for Peddlers/Solicitors/Itinerant Merchant License, I understand that investigative background inquiries are to be made on myself including criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

I authorize without reservation, any party or agency contacted the City of Belleville to furnish the above mentioned information.

I release the City of Belleville and any other person and/or agencies from any damage and/or liable acts that may result from obtaining history checks

The above information is used safely for employment verifications and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal.

Applicant's Signature

Date