

Notification and Authorization to Conduct Employment Background Investigation

This is to notify you that we will begin conducting a background check for possible employment with Cranberry Township.

By signing the release below, I hereby authorize Cranberry Township to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Cranberry Township.

I release from all liability all persons, companies, schools supplying such information. I indemnify Cranberry Township against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

(Please print) Name (Last, First, Middle Initial):

(Please print) Other names used: _____

Address: _____

City/State/Zip: _____

Telephone No(s): _____

Date of Birth: _____

Social Security #: _____

Driver's License Number & State: _____

(Signature of Applicant)