

**SSCI EMPLOYMENT BACKGROUND SCREENING  
Consent/Release Form**

Name of Organization \_\_\_\_\_

City of Burlington

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Applicant's Name (printed) \_\_\_\_\_

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Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal Background Records/Information
- All Available Criminal Records Check
- Sex Offender Registry
- Social Security Verification
- Address Search
- Name Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my employment application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. I further understand that I have the right to appeal the results of the background screening to the Burlington Department of Parks and Recreation.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_