City of Augusta
Background Check Authorization

Print Name: _____ **Bureau:** _____
First M.I. Last

I understand that in order to assess my qualifications for the offered position of _____ , a full background investigation is necessary. I, therefore, authorize the City of Augusta to conduct an investigation which may include, but not be limited to: verification of information provided by me to the City of Augusta; a financial management check; contacting persons, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references, criminal record information; driving records, contacting employers for performance information; and verifying educational attainment. I understand that the City may use the services of a contractor for the purposes of obtaining the information and I expressly authorize this type of action. All the information and materials I have provided to the City of Augusta as part of the employment process are accurate and truthful.

I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance, and authorize schools that I have attended to provide verification of educational attainment and other relevant information.

Date of Birth: _____ Prior name(s): _____

Drivers License #: _____ State of Issue: ____ Expiration Date: _____

Applicant Signature: _____ Date: _____

Address: _____ Telephone #: _____

_____

_____ Date: _____
Signature of Parent/Guardian **if** Applicant is **under 18** years of age

Revised 9/4/2014