

TOWN OF SCARBOROUGH AUTHORIZATION & RELEASE FORM

Name (print) _____
First
Middle
Last

Maiden and other surnames: _____
(Print)
(Print)
(Print)

Position: _____ or Requested Trips (for Child Care Use Only): _____

Date of Birth: _____ Phone Number: _____

Driver's License/School ID Number: _____ Exp. Date: _____

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor? No Yes
 If you answered "yes" please answer the following:

Conviction	Conviction Type	Conviction Date (mm/dd/yyyy)
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County	City	State
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Conviction description: details of **all** offenses including nature, circumstances and dates. Attach additional sheets if necessary.

I hereby authorize the Town of Scarborough to conduct an investigation through the Motor Vehicle Division of the Maine Secretary of State for vehicle-related record checks, through the Maine Bureau of Identification for criminal record checks, and through the State of Maine Sex Offender Registry for record checks. I hereby release the Town of Scarborough from any and all liability for any claims or damages arising out of its investigation as outlined above or from the Town's use of the information provided.

I understand that if I do not agree to execute this I will not be considered for a volunteer/seasonal position with the Town of Scarborough, and that any misrepresentation of information contained herein will preclude me from consideration as a volunteer/seasonal member of the Community Services Department.

Signature _____ Date Completed _____

For Human Resources Use Only

Date Background check completed: _____ Approved: Yes No

Human Resources Approval (print name) _____ Signature _____