

	PL
Date Received:	
Date Submitted:	

For Office Use Only.			
Department:			
Supervisor:			
Position:			
Please circle one of the following: 1	2	3	

PLEASE PRINT CLEARLY

BACKGROUND CHECK RELEASE FORM

In connection with my application for employment with the Fargo Park District, I understand that investigative background inquiries may be made on me. This investigation will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. I understand that the Fargo Park District may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving record, credit information, criminal history, civil history and other experiences, as well as claims involving me in the files of insurance companies and worker's compensation claims.

my driving record, credit information of insurance companies and worker's			experiences, as well as claims involving me in	the files		
Legal First Name:		M.I La	Last:			
Maiden, alias, or former names:_						
Social Security Number:	-	_=	Date of Birth://			
			State of Issuance:			
Current Address:						
City:	State:	Zip: _	Country:			
Number of years lived at Current	Address:					
			Country:			
aforementioned information. With reentity from any and all causes of acti request pursuant to this Background omission, made by me on my employ	egard to such disclosure on that otherwise might Check Release form. I yment application, this harge should such falsi	es, I hereby release t arise from supply understand that ar release or any rela fications or misrep	argo Park District, or its representative, to furnishe any person, company, governmental agency or ying the Fargo Park District with information it may false answers or statements, or misrepresentated document, will be sufficient for rejection of presentations be discovered after I am employed ound check:	r other may tions by my		
By signing below, I am authorizing t check on me at any time while emplo			artments and subsidiaries to complete a backgroument check.	und		
Signature of Applicant:		Date:				