



**TOWN OF WELLS
EMPLOYEE/VOLUNTEER BACKGROUND INFORMATION RELEASE FORM**

I, _____, the undersigned applicant for employment with the Town of Wells hereby expressly authorize the Town of Wells, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcement, and motor vehicle records. I further authorize any former employer, person, firm, corporation, agency, administrative body or governmental agency to give the Town of Wells, its agents or employees any information they may have regarding me. In consideration of the review of my employment application with the Town of Wells, its agents or employees, I hereby release the Town of Wells and any or all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. I hereby state that all the information and materials I have provided to the Town of Wells and will be providing as part of the application for employment process are accurate and truthful.

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

(Public Works Applicants Only) I expressly authorize the Town of Wells, its agents and employees to make a pre-employment CDL driver investigation of my driving history, as required by law, under the Federal Motor Carrier Safety Administration Clearing House. I understand that if I choose not to consent to this investigation, I may not be considered for employment with the Town of Wells.

Applicant Full Legal Name (print)

Applicant Signature

Social Security Number

Date of Birth

Driver's License Number

State Issued

Date