



CITY OF CAHOKIA HEIGHTS

Curtis L. McCall Sr., Mayor

103 Main Street

Cahokia Heights, IL 62206

BACKGROUND AUTHORIZATION FORM

NAME: _____

SOCIAL SECURITY NUMBER: _____

OTHER NAMES USED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

HOW LONG HAVE YOU LIVED THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ HOW LONG: _____

DATE OF BIRTH: _____ DRIVER LICENSE #: _____ STATE: _____

In connection with my application I understand that investigative background inquiries are to be made on myself including criminal convictions, motor vehicles, and other reports. These reports will include information as to my character, work habit, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences.

I authorize without reservation any party or agency contacted the City of Cahokia Heights to furnish the above mentioned information.

I release the City of Cahokia Heights and any other person and / or agencies from any damage and /or liable acts that may result from obtaining history checks.

The above information is used safely for employment verifications and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal.

Applicant's Signature

Date