

CAMPBELL FIRE/RESCUE

7951 Alexandria Pike, Alexandria, Kentucky 41001

Phone (859)635-5991 Fax (859)635-0200

James Bell Fire Commissioner Timothy M Ford Fire/EMS Chief

Background Check

Name of Applicant _____ Date _____

Military Service Number (If Applicable) _____ Date of Birth _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____

This release, when presented by a duly authorized representative of Campbell Fire/Rescue, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to the duly authorized representative of Campbell Fire/Rescue:

- EMPLOYEE INFORMATION _____
- CREDIT BUREAU INFORMATION _____
- EDUCATION INFORMATION _____
- MEDICAL & MILITARY _____
- MEDICAL INFORMATION _____
- RESIDENCE(s) RECORDS _____
- POLICE & CRIMINAL RECORDS _____

I understand that further consideration for membership or employment is conditional on verification of answers and the checking of references given on my "Application for Employment" or "Application for Membership", which I have made with Campbell Fire/Rescue.

I hereby authorize my former employers to furnish to the representative of Campbell Fire/Rescue the records of my service, my reasons for leaving the employer, together with all information they may have concerning me whether on record or not.

I hereby authorize all educational institutions concerned to furnish to the representative of Campbell Fire/Rescue the records of my attendance, course completion and grade records, together with all information they may have concerning me whether on record or not.

I also release any credit bureau, police department, medical facility, governmental agency, educational institution, individuals, partnership or corporation concerned, its officers, agents and employees, from any liability for any damage whatsoever for issuing such information.

(A PHOTO COPY OF THIS DOCUMENT SHALL BE AS VALID AS THE SIGNED ORIGINAL)

Signature of Applicant _____

Witness _____