

Carroll Fire Protection District

Confidential

Please deliver this form to administration at the station

Authorization for Background Check Please read and sign this form in the space provided below.

Your written authorization is necessary for completion of the background check. I, _____ hereby authorize the Carroll Fire Protection District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Carroll Fire Protection District will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Fire Department's choice.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant:

Printed Name: _____

Signature of Employee: _____

Date: _____

First Name, Middle Name, Last Name: _____

Address, Town, Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

Carroll Fire Protection District

1811 Brownfield Rd

Urbana, IL 61802

Contact: LT. Mark Parr