City of Raeford
Criminal History/Consumer Reports Release

I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic work/education, prior employer verification, workers compensation claims, credit report, driving record, criminal history or other records from various Federal, State, and Local agencies regarding my past activities) to the City of Raeford upon presentation of this release or copy thereof. These reports will include experience along with reasons for termination of past employment. I understand that any information released and obtained by the City of Raeford from this authorization, may be considered when determining my employability with the City of Raeford. Based on the information gathered from this release, I may not be considered for employment. Further, I authorize ongoing procurement of the above-mentioned reports at any time during my employment with the City.

I hereby release you and your organization or others from any liability or damage which may result from furnishing the information requested above. I understand that the City of Raeford will not reveal to me the nature or contents of any confidential reports received. I certify that to the best of my knowledge and belief the information listed below is true and correct. I further certify that I have personally executed this waiver and release with my legal signature.

_____ _____
Date Applicant's Signature

_____ _____
Applicant's Social Security Number Applicant's Printed Name

_____
Applicant's Street Address City State Years at this residence

Previous address (if at current address less than 5 years):

_____
Previous Street Address City State Years at this residence

_____
Drivers License Number State of Issuance Expiration Date

For Identification Purposes:

☐ Male ☐ Female Date of Birth _____
Month Day Year

☐ Caucasian *(not of Hispanic Origin)* ☐ African American/Black *(not of Hispanic Origin)*

☐ American Indian/Alaskan Native ☐ Hispanic ☐ Asian/Pacific Islander

Other or Former Names_____

State of North Carolina
County of _____

Before me personally appeared _____, and did execute the foregoing instrument in my presence on _____ day of _____20____.

_____ _____
My Commission Expires Jody Jernigan, Notary Public