



Centerfield City

Applicant Waiver and Background Check Authorization Form

Please print all requested information. All applicants must submit an authorization form to be considered for employment with Centerfield City.

Name: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ Date of Birth*: _____

Drivers License #: _____

Former Name (if applicable): _____

I hereby authorize the Centerfield City to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release Centerfield City and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to Centerfield City.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a candidate for employment with Centerfield City.

Signature: _____ Date: _____