

Authorization for Records Check

Date: _____

Name: **(Please print clearly)** _____
First Middle Last

Address: _____

DOB: _____ SSN: _____

Driver's License Number and State: _____

All states resided within the past twenty (10) years: _____

I, _____, hereby authorize a records check to be completed as part of my application and employment for Brunswick Volunteer Ambulance and Rescue Company/Auxiliary. I understand Be Secure LLC T/A May Security Services will perform the background investigations without prejudice.

I understand and authorize a National and State Criminal, Civil, Motor Vehicle, Sex Offender and FBI records check to be conducted in all states in which I have resided in the past 10 years. All information received will be maintained confidential by Be Secure LLC T/A May Security Services. I understand Brunswick Volunteer Ambulance and Rescue Company/Auxiliary may require recovered information to become part of my personnel file

I hereby and waive my rights regarding these records and authorize their recovery to Be Secure LLC T/A May Security Services.

Signature

Date

RECORD DUE BY _____

MVA RECORD: YES NO