



INDEPENDENCE

Oregon's Story Begins Here

City of Independence Volunteer Background Release Form Please Read Carefully

Please PRINT legibly in INK and SIGN form. Do not leave any lines blank.

Last Name		First Name		Middle Name	
Maiden Name		Other Aliases			
Street Address		City/State/Zip			
Phone Number		Date of Birth			
Gender	Male () Female ()		Social Security Number		
Driver License #		State		Expires	

Please list the states and/or countries you have lived in since you turned 18. If you were convicted of a crime as an adult or pled guilty to a crime as an adult when you were under the age of 18, please list the state(s) in which that conviction/those convictions occurred.

BY MY SIGNATURE BELOW I AUTHORIZE the City of Independence to complete a background check. This authorization is valid for purposes of verifying information given in connection with an application for work with the City of Independence.

BY MY SIGNATURE BELOW I AUTHORIZE all corporations, current employers, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons, to release the following (check all that you are authorizing):

- Criminal Background

Signature: _____ Date: _____