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**Employment History  
(Three Most Recent Positions, Including Current)**

<b>Employer</b> (Name,Address,Phone #)	<b>Position Held and Dates Employed</b>
<b>Employer</b> (Name,Address,Phone #)	<b>Position Held and Dates Employed</b>
<b>Employer</b> (Name,Address,Phone #)	<b>Position Held and Dates Employed</b>

**Corinth Fire Department Release of Information**

<b>Last Name:</b>	<b>First Name:</b>
<b>Middle Name:</b>	<b>Birth Name</b> (If Different From Full Name):
<b>Sex: Male / Female</b>	<b>Race:</b>
<b>Social Security #:</b>	<b>Date of Birth:</b> /     /
<b>Driver's License #:</b>	<b>Residence(s) Last 10 Years:</b>

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all record, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Town of Corinth, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions' financial or credit institutions, including records of deposits, withdrawals, and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints and grievances filed by or against me, and salary records; real estate and personal property tax records, and other financial records wherever filed; records of complaint, arrest, trial and or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint; of a civil nature

made by or against me, where so ever located, and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of information will be considered in determining my suitability for employment by the Town of Corinth. I understand that all materials pertaining to this background investigation become the property of the Town of Corinth and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Current Home Phone Number: \_\_\_\_\_

*For Official Use Only*

Approved

Disapproved

Date: \_\_\_\_\_

Board of Directors:

\_\_\_\_\_