



Date of Birth: \_\_\_\_\_  
Month/Day/Year

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

Have you ever been convicted of a criminal \*offense or have any pending criminal\* charges against you?

\*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes \_\_\_\_\_ (provide detail on next page) No \_\_\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my association with the Town of Coyle. By signing below I hereby provide my authorization to the Town of Coyle to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse acceptance/employment decision made by the Town of Coyle based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from the Town of Coyle receipt of such appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date