



## CITY OF BLOOMINGTON VOLUNTEER BACKGROUND CHECK AUTHORIZATION

**\*\*\*\* All information must be legible \*\*\*\***

I hereby authorize the City of Bloomington to conduct criminal background checks to determine my eligibility for employment or continued employment.

I understand that the City is asking for my date of birth, previous names and previous addresses only in order to conduct background checks and for no other reason.

By signing below, I hereby authorize the City of Bloomington to conduct background checks on me. I hereby release the City of Bloomington from any liability related to the procurement and/or disclosure of any information provided by me or obtained about me in connection with my application for employment with the City of Bloomington. I understand that any information gathered as a result of background checks will be kept confidential. I make this waiver knowingly and voluntarily.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
other names used (if applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current address (include city, state and zip code)

\_\_\_\_\_  
Previous Address if current address is less than 1 year  
(include city, state, and zip code)

Office Use Only:

Program/Area \_\_\_\_\_

Supervisor \_\_\_\_\_