



Town of Chapel Hill
Consumer Reports Release

Position Title:
Department:
Supervisor:
HR Partner

*Name (First, Middle, Last)
Maiden Name (if applicable)
*Current Address
*City, State, Zip
Years at Address:
*1st Previous Address
*City, State, Zip
Years at Address:
2nd Previous Address
Years at Address:
*Applicant Social Security Number
* Date of Birth
*Driver's License Number and State Issued

*REQUIRED FIELDS

APPLICANT AUTHORIZATION

I hereby authorize The Town of Chapel and its authorized agent to prepare a report on my character and fitness for employment. I understand that the report will include my present and previous employment information including salary as well as work performance. I also authorize the Town or its agent to verify my past and present driving records, education records, credit history and professional credentials and to perform a criminal records search.

I understand that the Town or its agent does not guarantee the accuracy or timeliness of the information obtained from other sources and will not be liable for any inaccuracy in the information obtained from other sources that are included in the report.

Further, I authorize my current and former employers as well as other organizations to provide such information to the Town or its agent and I hereby release and hold harmless the Town or its agent(s), my current and former employers, as well as other organizations that have provided information in connection with this report.

CONSUMER DISCLOSURE

I UNDERSTAND THAT A PRE-EMPLOYMENT CONSUMER REPORT may be obtained from the Towns authorized agent. for employment purposes.

Applicant's Signature
Date

FOR OFFICE USE ONLY

Requestor:
Date Requested
Date Received

Criminal Records
Credit Report
Motor Vehicle Report
Social Security Trace

Criminal (Where) 1. 2. 3.

Employment 1. 2. 3.

Professional License verification
Education Verification