



TOWNSHIP OF PLAINSBORO

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Township to obtain any information whether by in house investigation or third party background check pertaining to my employment with the Township. My signature below acknowledges receipt of this disclosure.

I understand such information will be used to evaluate my qualifications for employment with the Township and verify statements made by me in my application. I authorize a review and full disclosure of any such records concerning my personal, educational and/or employment history including any criminal records.

I hereby release the Township from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws.

A photocopy or facsimile copy of this release form has the same force and effect as an original even though the photocopy or facsimile copy does not contain my original signature.

This waiver shall be valid until such time the employment screening process has been completed or throughout the duration of my employment with the Township, whichever is longer.

Applicant's Name (Please Print)

Social Security Number

Street

Driver's License #

City, State, Zip Code

Birth Date

Signature of Applicant/Employee

Date

Parent/Guardian's signature for those under age 18

Date

Signature of Human Resources Representative

Date