



**MAINE MUNICIPAL ASSOCIATION  
BACKGROUND CHECK AUTHORIZATION FORM**

**For Town of Madison Maine**

I, \_\_\_\_\_, understand that in order to assess my qualifications for the position of Town Manager, a full background investigation is necessary. I, therefore, authorize the Maine Municipal Association (for the Town of Madison and the Town of Madison Officials, to conduct an investigation which may include but not be limited to: verification of information provided by me to the Maine Municipal Association; a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the Town of Madison, as part of the employment process, are accurate and truthful.

I further authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits or employment performance and authorize schools that I have attended to provide verification of educational attainment and other relevant information.

Applicant Name: \_\_\_\_\_  
(Please list maiden name or any other names previously used.)

\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Drivers License # \_\_\_\_\_ State of Issuance \_\_\_\_\_

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

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