



National Background Screening Consent/Release Form

Applicant's **Legal** Name (printed) _____

Social Security Number _____ -- _____ -- _____ Date of Birth _____

Applicants Address _____

City _____ State _____ Zip _____

By signing below, I authorize and give consent to the Town of Christiansburg, Southeastern Security Consultants Incorporated ("SSCI"), or designees thereof to obtain information regarding myself. Information obtained may include, but is not limited to:

- *Local & National Criminal background records/information
- *Sex Offender Registry Checks
- *Motor Vehicle Driving Records

- *Addresses
- *Social Security Verification

I, the undersigned (or parent/legal guardian), authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. If information is obtained that is noncompliant with the organization's hiring policies, I have the right to review information provided by notifying SSCI in writing at: **Southeastern Security Consultants Incorporated, 1853 Piedmont Road Suite 100, Marietta GA 30066**

Applicant Name (PRINT): _____ Date: _____

Signature: _____

If applicant/candidate is a juvenile under the age of 18 years of age, parent/legal guardian consent is required (below).

Parent/Legal Guardian Name (PRINT): _____ Date: _____

Signature: _____