



# Background Check Form

Email completed form to: michelleb@cityofwfire.org

APPLICANT INFORMATION					
First Name		Middle Name		Last Name	
Other Names Used (including maiden name)		Date of Birth		County of Residence	
LIST ALL ADDRESSES IN WHICH YOU HAVE LIVED WITHIN THE PAST 10 YEARS					
Current Residential Address (include street, city, state, zip code)				Dates of Residence (Month/Year-Month/Year)	
Other Residential Address (include street, city, state, zip code)				Dates of Residence (Month/Year-Month/Year)	
Other Residential Address (include street, city, state, zip code)				Dates of Residence (Month/Year-Month/Year)	
Home Phone #		Personal Cell #		Work Cell #	

May be used for official correspondence
Current Mailing Address, if different from Current Residential Address (include street, city, state, zip code)
Email Address

I certify that all of the elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement or misleading statement made by me on this form will be sufficient grounds for dismissal from IMT activities or prohibit my involvement as an IMT member. I hereby authorize Winston-Salem/Forsyth County Emergency Management and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources and its designated agents; and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security number, and dates of birth. I understand that I will have the opportunity to appeal any findings of the background check and I will be responsible for obtaining my own criminal records at the county courthouse for re-evaluation by the IMT Steering Committee. Convictions that preclude IMT participation: felonies; Class A1 misdemeanors; sexual crimes; and other misdemeanors at the discretion of the IMT Steering Committee. The IMT Coordinator will make the final decision that precludes volunteers from participating in IMT activities and the individual will be notified in writing.

**Printed Name**  
\_\_\_\_\_

**Applicant Signature**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_

