



Town of Buxton – Release Background Check

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone _____

Occupation _____ Social Security # _____

Prior Employer Name/Address _____

Do you have a valid driver's license _____ Yes _____ No

Driver's License # _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) _____ Yes _____ No

If yes, describe in full _____

As a condition of employment, I give the Town of Buxton permission to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Town of Buxton receiving no inappropriate information in my background. I hereby release and agree to hold harmless from liability the Town of Buxton and the Board of Selectmen.

Applicant Signature _____ Date _____

Applicant Name (print) _____

Note: The Town of Buxton will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Town of Buxton use only:

Background check completed by: _____ on _____
System(s) used for background check (minimum of one must be checked):

Sex Offender Registry _____ Criminal History Records _____

Only attach to this application copies of background check report that reveal convictions of applicant