

JERSEY COUNTY E.T.S.B./E911

William Hedger Coordinator/Director

BACKGROUND INVESTIGATION CONSENT					
,(applicant complete name), hereby					
authorize the Jersey County Emergency Telephone System Board and/or its					
agents to make an independent investigation of my background, references,					
character, past employment, education, criminal, or police records, including					
those maintained by both public and private organizations and all public records					
for the purpose of confirming the information contained on my Application and/or					
obtaining other information, which may be material to my qualifications for					
employment now, and if applicable, during the tenure of my employment with the					
Jersey County Emergency Telephone System Board.					
I release the Jersey County Emergency Telephone System Board and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge. Print Full Name: Maiden or Other Names Used:					
Print Full Name:			Maiden or Other Names Used:		
Street Address:		City:		State:	Zip:
How Long at Current Address:	DOB:	SSN:		DLN:	State:
Signature:			Date:		