

SOUTHEASTERN SECURITY CONSULTANTS, INC.

Making Communities Safe

Background Authorization/Release Form

Organization Talbot County Government

Applicant's Legal Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

Have you ever been convicted of a crime or convicted in a military court martial? Yes ___ No ___
Have you ever been sanctioned or had your licenses suspended or revoked? Yes ___ No ___
Are you currently under any investigation or pending charge? Yes ___ No ___

I the undersigned, authorize and give consent for **Talbot County Government** to obtain information regarding myself. This includes the following:

- **Criminal background records/information**
- **Sex Offender Registry Checks**
- **Addresses**
- **Social Security Verification**

I further 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.

I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date _____