Town of Taos
Authorization for
Release of Information & Background Check

Town of Taos
400 Camino de la Placita
Taos, New Mexico 87571

I, the undersigned, hereby certify that I understand and agree that a full and complete investigation will be conducted into my background, including NCIC (National Crime Information Center) and/or fingerprint check for purposes of my application and to determine my qualifications and ability to serve as an employee with the Town of Taos, Taos, New Mexico. Initial: _____

I further understand and agree that this information is confidential and the Town of Taos cannot reveal or release anything to me that is discovered during the course of this investigation, or cannot reveal to me the reason(s) for my disqualification for employment with the department. Initial: _____

I hereby agree to indemnify and hold harmless the Town of Taos and any employee or agents against liability, damage and/or charge as a result of this investigation. I further agree to release from liability, damage and/or charge any person, company, corporation, or other government agency which may supply informtation to the Town of Taos concerning my background. Initial: _____

I voluntarily give the Town of Taos the right to conduct a full and complete investigation into my background and authorize and consent to the release of any and all information pertaining to my current and past employment, personal history, academic records, military records, credit history, and any other records or information deemed necessary to the investigation of my background, whether of a confidential nature or not. Initial: _____

In furtherance of my request and release, I hereby provide the following information:

Full Printed Name: _____ Social Security Number: _____

Have you ever used a different name for school or employment? ☐ Yes ☐ No

If yes, what name(s)? _____

Date of Birth: _____ City/State of Birth: _____ Phone Number: _____

Driver License Number: _____ State: _____

Mailing Address: _____

Physical Address: _____

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC.

Signature: _____ Date _____

State of New Mexico)
) SS:
County of _____)

Subscribed and sworn before me, this _____ day of _____, 20_____

Notary Public Signature: _____ Phone No. _____-____-_____

My commission expires: _____ Seal: