

CORVALLIS RURAL FIRE DISTRICT AUTHORIZATION - RELEASE

CORVALLIS RURAL FIRE DISTRICT BACKGROUND AND RELEASE OF INFORMATION AUTHORIZATION

I _____ hereby authorize the Corvallis Rural Fire District
District
(Print Name Clearly)

and its agents to contact any current or prior employer concerning my job performance. I further agree to a criminal background and driving record check with release of contents to the District or its agents. In addition, should it be necessary for the position I am seeking, I authorize the District and its agents to check my credit history and contact debtors and landlords concerning payment history.

_____ SIGNATURE _____ DATE _____

TO: USIS
1111 E. Broadway St
MISSOULA, MT 59802-4909
(406) 728-0001

I authorize the USIS to release my driving record. This is to include all department actions* and employment and non-employment accidents and violations that have occurred within the last three years. I further authorize the USIS to forward a copy of the said report to the District or its agents for the purpose of becoming a member of the Corvallis Rural Fire Department.

- Department actions to include suspensions, revocations, reinstatements, restrictions, and driver improvement actions.

Mail Information to the Address Indicated to: Corvallis Rural Fire District
PO Box 13
Corvallis, MT 59828

PRINT NAME: _____

DRIVERS LICENSE #: () _____ (Attach Copy)
State

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY									
DRIVER STATUS		CLEAR		REVOKED		SUSPENDED		RESTRICTED	
CRIMINAL HISTORY		YES	NO	CONTACT AGENCY FOR INFORMATION				YES	NO
COMMENTS:									

