



Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_

State of Driver's License \_\_\_\_\_

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with the Bethel Police Department. By signing below I hereby provide my authorization to Bethel Police to conduct a background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date