

Month/Day/Year

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 Fayetteville Police. By signing below I hereby provide my authorization to Fayetteville 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. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by Fayetteville Police based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from Fayetteville's receipt of such appeal.

Signature

Date