



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1001 Fax: 978-897-8457

Background Check Release Form

Maynard Board of Selectmen and the Maynard Fire Department are requesting all the available criminal offender record information on any individual wishing to be employed as a full-time, part-time, paid on-call or volunteer member of the Maynard Fire Department. Individuals wishing to be considered for such a position must fill out the following form indicating permission for a comprehensive background check to be conducted with the results being forwarded to the Fire Chief, Town Administrator and or Board of Selectman or their designee.

Applicant/Employee Information (Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable)

Place of Birth

Date of Birth

Social Security Number

Mother's Maiden Name

Current Address: _____

Former Addresses: _____

Sex: __ Height: __ ft. __ in. Weight: __ Eye Color: ____ State Drivers License Number: _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested by: _____

SIGNATURE OF AUTHORIZED PROSPECTIVE EMPLOYEE

Copy of Drivers License Required:

Copy Attached: _____