

# CONSENT FOR BACKGROUND CHECK AUTHORIZATION/WAIVER

I hereby give my full consent and permission to the **TOWN OF BERLIN FIRE DEPARTMENT** in order to obtain information relating to my criminal history and any other applicable records through **Michael Kippbut, P.I. and their agents**. The records as received by the reporting agencies may include but are not limited to arrest, conviction, civil claims, social security verification and/or driving records as well as plea bargains and deferred adjudications. I understand that this information will be used in part to determine my eligibility for a volunteer or staff/board position within this organization. I also understand that as long as I remain in such capacity here, the above-mentioned record checks may be repeated at any time. I understand that I will have an opportunity to review the records as received by the **TOWN OF BERLIN FIRE DEPARTMENT** and a procedure is available for clarification, if I dispute the records that have been received. I also understand that the records received could contain information presumed expunged.

I, the undersigned, do for myself, my hires, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify **Michael Kippbut, P.I. and TOWN OF BERLIN FIRE DEPARTMENT**, each of their officers, directors, employees, volunteers and agents and hold them harmless from and against any and all causes and actions, including but not limited to: suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to serve.

Photo copies of this authorization shall be valid as the original.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONSENT FOR THE ABOVE RECORD CHECKS AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY.**

**Applicant's Legal Name Including First, Middle, Last Name and Suffix:**

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**Applicant's Aliases / Maiden Names:**

**Social Security Number:**

**Date of Birth:**

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**Current Address:**

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**City:**

**State:**

**Zip:**

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**Day Time Telephone Number:**

**Drivers License Number:**

**State:**

**Exp. Date:**

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**Signature:**

**Date:**

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Please return completed Consent for Background Check  
to:

Town of Berlin Fire Department  
27 Town Farm Lane  
Berlin, CT 06037