

**VILLAGE OF MILLINGTON**  
**Authorization for Criminal Record Background and**  
**Public Record Check for Employment Purposes**

Name (Last)	(First)	(Middle)	Social Security #
Street Address		Date of Birth	Driver's License Number
City		State	Zip
Gender			
Female <input type="checkbox"/>		Male <input type="checkbox"/>	

I, \_\_\_\_\_, hereby authorize the Village of Millington, its agents, officers, and employees, to use the above information I provided, and I agree to submit to fingerprint identification before the Michigan Department, if necessary, for the purposes of obtaining a criminal history record maintained by the Michigan State Police that reflects my “conviction information” as defined and provided by “Michigan Uniform Conviction Act” (20 ILCS 2635/3), and for the purposes of obtaining any other public records information about me maintained by any other governmental agency, including, but not limited to, driver’s license records, and records administered by the Department of Children and Family Services. I further authorize and give my consent to the Village of Millington, its agents, officers, and employees, to obtain and review any such information, obtained through my fingerprints and the above information I provided, for purposes of reviewing my employment application or suitability for Village sponsored volunteer opportunities.

I further understand that I will receive a copy of my conviction information, and a copy of any other public records information listed above, and that within seven (7) working days of receipt of such copy, I have the obligation and responsibility to notify the Village of Millington as to whether such information is inaccurate or incomplete. I also agree that the Village of Millington shall not be liable for damages for any action taken in reliance upon the accuracy and completeness of such information received, and I hereby release the Village of Millington, its agents, officers, and employees from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon the use of the information obtained pursuant to this authorization.

I certify that the information I have provided on this form is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment, or removal from the volunteer opportunity.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date