

AUTHORIZATION  
FOR  
BACKGROUND CHECK

I hereby authorize the City of Palacios or its representatives to source, orally, or in writing, or by copy, all information now existing concerning any criminal record I may have or any record of any workman compensation claims I may have pending or previously filed, hereby waiving all confidentiality of any of said records.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

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