



AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Gloucester City Swim Club, to investigate my background and qualifications for purposes of evaluating whether I am qualified for the membership for which I am applying. I understand that Gloucester City Swim Club may utilize an outside firm or firms to assist them in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice.

I also agree that the background check is the property of Gloucester City Swim Club and they have the right to withhold any information gained by this background check as they paid for the service.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my request may not be processed further.

Applicant Name: _____ Date of Birth: _____

Address: _____

Social Security: _____

Drivers License: _____ State: _____

Signature of Applicant

Date

Applicant Name - Printed

DISCLAIMER: The investigating firm will not release any findings from the performed background check to any individuals except the client. If the client is withholding information the subject in question may contact the investigating firm and request their background check be performed for an additional fee. The investigative firm is not liable if the client does not release the background check to the subject in question.