



**TOWN OF HAVERSTRAW**  
**HOWARD T. PHILLIPS, JR.**  
Supervisor

ISIDRO CANCEL  
RALPH KIRSCHKEL  
Councilmen

VINCENT J. GAMBOLI  
JOHNNY ORTIZ  
Councilmen

MICHAEL J. GAMBOLI  
Director of Finance

WILLIAM M. STEIN  
Town Attorney

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Town of Haverstraw at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp, 5000 Corporate Court, Suite 203; Holtsville, NY 11742; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)**.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact, through IntelliCorp, *my current employer for Employment and Reference Verifications. (Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

I also consent to have any legally required notices sent electronically.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under the age of 18)

\_\_\_\_\_  
Date



## TOWN OF HAVERSTRAW

### PERSONAL DATA

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

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

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number Driver's License #

\_\_\_\_\_  
DL State

\_\_\_\_\_  
Email address (may be used for official correspondence)