



# CMRECC

Central Massachusetts  
Regional Emergency  
Communication Center

## Central Massachusetts Regional 911 District

### Pre-Employment Information Release Form

I, \_\_\_\_\_, hereby authorize the Central Massachusetts Regional 911 District to conduct a thorough background investigation into my personal history for the purpose of determining my eligibility for employment. This authorization includes access to information regarding my education, employment history, character references, criminal record, and other relevant records.

I authorize any person, agency, or organization to release information to the Central Massachusetts Regional 911 District, including but not limited to: prior employers, educational institutions, law enforcement agencies, credit reporting agencies, and personal or professional references. I release all persons, firms, and institutions from any liability for furnishing such information.

This authorization shall remain valid for the duration of the hiring process and may be used to verify information at any stage of employment consideration. A photocopy of this authorization shall be considered as valid as the original.

#### **Applicant Information:**

Full Name: \_\_\_\_\_

Other Names Used (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number (Last 4 Digits): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness / Notary (if applicable):

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form is to be used solely for employment purposes by the Central Massachusetts Regional 911 District and will remain confidential in accordance with state and federal laws

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240 Main Street, Rutland MA 01543