

MUNICIPALITY OF
NORRISTOWN
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MUNICIPALITY OF NORRISTOWN APPLICANT BACKGROUND CHECK RELEASE AUTHORIZATION



Be it known, that I am an applicant for employment with the Municipality of Norristown. I hereby authorize the Municipality of Norristown, including its Police Department to conduct an investigation into my background, solely for the purpose of this employment application.

I understand that the background information will include, but not be limited to: contact references, current and past employers, police agencies, screening agencies and other governmental agencies.

I hereby authorize the release of any information in this regard, to the Municipality of Norristown, including its Police Department, I also release the Municipality of Norristown and its Police Department from any and all claims, causes of action and liabilities arising from or relating to the investigation of my background.

Name (print)

Date

Signature

Date of Birth

Driver's License Number (including state)

Social Security Number

Present Address

City

State

Zip