

Lexis/Nexis Background Check for Vendors Privacy Act Release

Name: _____

DOB: _____

Social Security #: _____

Telephone #: _____

Last Two Address: 1. _____

2. _____

I _____ am requesting a background check for:
(please print name)

- Vendor Services in the City of Gloversville
- Employment or College Admission
- Other (please list) _____

I acknowledge that I hereby knowingly and voluntarily waive any right to privacy I have under Federal and State Law. I do hereby authorize the Police Department of the City of Gloversville to release any and all information concerning my criminal record or history to the City of Gloversville Clerk.

I further agree to indemnify and hold said Police Department which provides the requested information, forever free and harmless with respect to any and all damages, claims and causes of actions resulting directly or indirectly from the providing of said information.

I voluntarily agree to cooperate and release from all liability the City of Gloversville, NY and all other persons and companies supplying such information.

I understand there is a non-refundable fee of \$25.00 cash or money order for this service.

PLEASE PROVIDE THE REQUESTED CRIMINAL CONVICTION RECORD TO THE FOLLOWING:

Gloversville Police Department
3 Frontage Road
Gloversville, NY 12078

Signature of Applicant: _____

Date of Signature: _____

TAXICAB LICENSE NO. _____

ISSUE DATE _____

CITY OF GLOVERSVILLE APPLICATION FOR TAXICAB DRIVERS LICENSE

PLEASE PRINT OR TYPE:

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

TELEPHONE NO. _____ DOB _____

DRIVERS LICENSE NO _____ CLASS _____ EXPIRATION DATE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____
IF YES, PLEASE EXPLAIN: _____

SECURE THE SIGNATURES OF THREE CITY OF GLOVERSVILLE RESIDENTS CERTIFYING AS TO YOUR GOOD MORAL CHARACTER:

1. _____
Printed Name Signature

_____ Address Telephone No.

2. _____
Printed Name Signature

_____ Address Telephone No.

3. _____
Printed Name Signature

_____ Address Telephone No.

Applicant must submit two recent photos of themself not to exceed 2" X 2" in size

I declare, subject to the penalties of perjury, that the statements made in this application have been examined by me and, to the best of my knowledge and belief, are true and correct:

_____ Date

_____ Applicant Signature

APPROVED	DISAPPROVED	by _____	Date _____
Circle One		Signature of Chief of Police	
	ISSUED by	_____	
		Signature of City Clerk / Deputy City Clerk	