

Notice!  
This document must  
be signed in front of a  
notary to make it legal.

# CIBOLA COUNTY

## AUTHORIZATION OF BACKGROUND INVESTIGATION

Please print or type all information and leave no blanks

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Message phone: \_\_\_\_\_

New Mexico Driver License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been: Convicted of a felony? ( ) Convicted of a misdemeanor? ( )

Have you ever been fingerprinted? ( ) Yes ( ) No

.....  
I hereby authorize the Cibola County to conduct a Background Investigation concerning my reputation, medical, physical and criminal records including information of a confidential or privileged nature. I authorize Cibola County to use a copy, or FAX of this form, to be considered the same as the original for the purposes of a background investigation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Notary

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

My commission expires: \_\_\_\_\_