



# Town of York

186 York Street  
York, Maine 03909-1314

Town Manager/  
Selectmen  
(207)363-1000

Town Clerk/  
Tax Collector  
(207)363-1003

Finance/  
Treasurer  
(207)363-1004

Code Enforcement  
(207)363-1002

Planning  
(207)363-1007

Assessor  
(207)363-1005

Police Department  
(207)363-1031

Dispatch  
(207)363-2557

York Beach Fire  
Department  
(207)363-1014

York Village Fire  
Department  
(207)363-1015

Public Works  
(207)363-1011

Harbor Master  
(207)363-1000

Senior Center/  
General Assistance  
(207)363-1036

Parks and  
Recreation  
(207)363-1040

Fax  
(207)363-1009  
(207)363-1019

[www.yorkmaine.org](http://www.yorkmaine.org)

## Background Check Authorization Form

As a condition of volunteering/employment, I understand the Town of York will conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed or selected, my position is conditional upon the department receiving no inappropriate or disqualifying information on my background check. I further understand that in the instance of continued volunteering/employment the Town reserves the right to re-conduct a background check on an annual basis. I hereby release and agree to hold harmless from liability the Town of York, the department, its employees and volunteers thereof, or any other person or organization that may provide such information.

I certify that all information that I may have provided on this form is truthful, accurate and complete.

Full Name (Print): \_\_\_\_\_  
*First MI Last*  
Maiden/Other Names (if applicable): \_\_\_\_\_

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street and Mailing Address Town/City State Zip*

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Town of York considers the information collected on this form confidential and will be used solely to conduct a background check as described above. We will not release or share information with other agencies or entities.

**For Office Use Only**  
Criminal Check Submitted: Date \_\_\_\_\_ By \_\_\_\_\_

Criminal Check received: Date \_\_\_\_\_ By \_\_\_\_\_

Notes: \_\_\_\_\_