

COUNTY OF YORK HAZARDOUS MATERIALS TEAM

Authorization for Criminal Background Check

APPLICANT INFORMATION

NAME:(LAST,FIRST,MIDDLE)_____

SOCIAL SECURITY NO.:_____

DATE OF BIRTH:_____

CERTIFICATION:

I HEREBY CERTIFY that I have made application the County of York Hazardous Materials Team and that I consent to the terms of this application for membership to the YCHMT. Solely the County of York Office of Emergency Management shall use the information provided herein in order to determine the accessibility of sensitive information and material provided to members of the YCHMT.

My signature below provides my consent to the County of York Office of Emergency Management to utilize the information for purposes of completing a criminal background check.

Under penalty of perjury §4904 Pa Crimes Code

Applicant signature_____Date:_____

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number will be used for the following purpose: Criminal History Background Check. Disclosure of your Social Security Number is required pursuant to the following State or Federal Law or Regulation: 18 PA C.S.A-SOC 9125.