



BAKER CITY, OREGON
 P.O. Box 650, Baker City, OR 97814-0650
 541-523-6541 or 541-523-3711 Voice/TDD
 www.bakercity.com



Fire Cadet Background Check Acknowledgment and Authorization

By our (Cadet and Parent/Guardian) we agree to allow the City of Baker City to conduct a background check on the following cadet. The purpose of this background check is to ensure alignment with city policy and risk assessment procedures to guarantee the safety of the cadets, firefighters and the public.

This authorization is valid for the purpose of verifying the cadet can perform higher risk activities and work with the public in a professional capacity.

By my signature, I authorize all corporations, current employers, former employers, educational institutions, law enforcement agencies, military services and persons to release all information they have about activities I may have been involved in.

This authorization shall be valid in original or copy form. The authorization is valid for 14 days from the date signed by the cadet and parent/guardian.

Specifically, I authorize the City of Baker City to check my:

1. Criminal Background
2. Driving History

Applicants Name: _____	Maiden Name if applicable: _____
Social Security Number: _____	Date of Birth: _____
Current Address: _____	
Driver's License #: _____	State: _____ Expiration: _____

Cadet Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Official Use		
This request has been received and will be processed within 14 days of the date below.		
City Human Resource Manager: Andrew Crabtree	Initials: _____	Date: _____