

**Granby Ambulance Association**  
**1 Pegville Rd.**  
**Granby, CT 06035**  
**(860) 653-6535**  
**www.granbyambulance.org**  
**Authorization for**  
**Personal Background Check**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Personal Background Check

I authorize Granby Ambulance Association, Inc. to contact the Granby Police Department, the Connecticut State Police, or any similar police agency of a state where I have resided, as well as any investigative firm, for the purpose of identifying any criminal convictions or civil actions which will disqualify me from employment or membership with Granby Ambulance Association. Personal background checks will be in done in all states where I have lived as far back as that state's law allows.

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

Print Name: \_\_\_\_\_