



AUTHORISATION TO CONDUCT BACKGROUND CHECK

Surname:	First Name:
Middle Name:	Other Names Used:
Address:	
Phone:	Email:

I confirm that to the best of my knowledge, all information provided in my application is correct for the purpose of employment. I acknowledge the Department of Fire and Emergency Services (DFES) does not rely solely on the outcome of interviews, when determining employment suitability. I understand that falsifying any information or documents may lead to denial of employment or termination.

I authorise and consent to DFES conducting comprehensive background checks, including DFES' Professional Standards Branch contacting any of my previous Employers seeking information in relation to formal investigations that will bring into question my ability to satisfy DFES' integrity requirements.

I authorise any of my previous employers to divulge information, verbal or written, pertaining to me to DFES, which will be used solely to for the purpose to determine employment eligibility. I further authorise the complete release of any records or data to include information or data received from other records. I understand that DFES' Professional Standards Branch will be responsible for any information received and will maintained such information in a confidential file separate from a personal file.

Applicants Signature

_____/_____/_____
Date