



APPLICANT BACKGROUND INFORMATION AND AUTHORIZATION FORM

As part of my application for the Citizen's Academy, I authorize the City of Cape Coral to complete a background check. My personal information and signature are listed below:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

