

I, the undersigned individual, hereby verify that I understand the sensitive nature of the financial information and intimate contact with financial institutions that I would obtain as an employee of the State Bank Department. Due to these circumstances, I hereby authorize the State Bank Department to secure a credit check as a requirement to be included in my application for employment with the Department.

Applicant's Signature

Date

Witness

Date

Applicant's Name (please print): _____
Last, First, Middle Initial

Social Security Number: _____

Mailing Address: _____

City: _____ State _____ Zip _____