



AUTHORIZATION FOR RELEASE OF INFORMATION



Date of Birth: _____ / _____ / _____

Last Name: _____ First Name: _____ Middle Name: _____

Driver's License No.: _____ State of Issue: _____ SSN: _____

I, _____, am currently being considered for appointment to a position with the City of Walker. I authorize the City to perform a complete reference and background check as the City deems necessary.

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement /criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release all information or records they may have about me to the person or company with which this form has been filed if required, or their agent.

I agree to cooperate fully in this background check, including providing any records I may have in my possession upon request.

I release from all liability and responsibility the City of Walker, all persons, employers, and academic institutions for requesting or supplying such information, and waive any right to notice of such disclosure. This release is valid upon presentation of the signed original, photocopy, or faxed copy of the signed original.

I agree to indemnify and hold harmless the person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I affirm that the information I have provided in my employment application and throughout the interview process is true and complete. I understand that any false information, misrepresentations, or omissions—oral or written—may disqualify me from this position or result in discipline or dismissal if discovered at a later date.

A photocopy of this request form will be valid as an original hereof, even though the said photocopy does not contain the original writing of my signature.

Signature

Printed Name

Street Address

City, State, Zip Code

Date

For Office Use Only:

Please check box if a driving record check needs to be done in conjunction with background screening.

Please check box if credit check needs to be done in conjunction with background screening.