

CITY OF CONCORD AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I am an applicant for a position with the City of Concord, NC (City). In order to determine my suitability for employment, I understand that the City must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore I do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency (including but not limited to Department of Motor Vehicles), criminal and civil courts, certification/licensing commission, military organization(s), social networking site(s) and any other individual agency to produce and provide copies of any and all information to the authorized agent of the City regarding me whether of a privileged or confidential nature.

I understand that any information obtained which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the City, its agents and employees, to release copies of any and all information to any agency or entity regulating City employees.

A photocopy or facsimile transmission of this release form will be valid as an original thereof, even though the said photocopy or facsimile transmission may not be an original signature.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

I have read and fully understand the above statements.

Full Name: _____ Prior Names Used: _____

Date of Birth: _____ Driver's License (state & number): _____

Street Address: _____ City/State/Zip Code: _____

Phone Number: (____) _____

Please list any former addresses within the last 7 years, if applicable:

Signature of Applicant: _____ : _____ Date