



Authorization for Release of Information and Background Check

I have applied for employment with the City of Defiance. I authorize the appropriate individuals, companies, institutions or agencies to release information to the City of Defiance concerning my background in connection with employment consideration.

I understand that an investigation may be made in which information is obtained about me through personal interviews and a review of information held by law enforcement or other governing agencies. I authorize you to verify my past employment, education records, criminal records, motor vehicle records, personal references and other job related data provided on my resume/ and or application or obtained via the interview process.

In order for this investigative report to be completed, I must provide the information requested. I understand that any offer of employment is contingent upon the results of my investigative report. I also understand that false or misleading statements in this process or concealment of requested or pertinent facts may be considered cause for dismissal or the withdrawal of any job offer.

I understand that a conviction does not automatically mean that I will not be offered a position. The nature of the conviction, the circumstances surrounding the conviction and how long ago the conviction occurred are all factors that will be evaluated. I further understand this information will be used only for the limited purpose of preparing the investigative report.

I hereby release all parties, including but not limited to the City of Defiance and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me.

Name (please print) _____
Last First Middle

Signature Date

Required Information for Background Check

Please Print Clearly

Name _____
Last First Middle

Alias/Maiden Name _____

Date of Birth ____ / ____ / ____ Sex: M F Social Security Number ____ - ____ - ____

Drivers License Number and State _____

Current Address _____
Street Apartment Number

City State Zip Code

Previous Address _____
Street Apartment Number

If within seven years _____
City State Zip Code

Background Check Findings For HR Use Only

Position Applied For _____

Date Background Check Completed ____ / ____ / ____

Agencies Contacted:

Method of Background Check:

Internet

Mail/Fax

In-Person

Contracted Out – Agency Name _____

Staff Person Initiating Check _____

Signature _____ Date ____ / ____ / ____