

CITY OF ROCKY RIVER
Authorization to Release Information
Volunteer

I, _____
Last Name First Name Middle Name

do hereby authorize the City of Rocky River, at its discretion and/or through any duly authorized agent of **IntelliCorp Records, Inc.**, to conduct a complete and thorough background investigation on me including but not limited to verification of all information in my employment application from all sources of employment, education, motor vehicle, personal character and criminal history records, in accordance with all discrimination laws, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature, and I release all persons from liability on account of such disclosures, and recognize that I, as the applicant, reserve the right to dispute any findings and/or information that is disclosed. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc.**, for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc.**, to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

****I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)**

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.**, has previously furnished within the two-year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Current Street Address City State Zip Code

Current E-mail Address (may be used for official correspondence)

Addresses for the Past Seven Years:

Dates of Residence:

Street Address City State Zip Code

Street Address City State Zip Code

Street Address City State Zip Code

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Printed Name

Signature

Date