

PRE-EMPLOYMENT AUTHORIZATION AND RELEASE

All information provided by me in support of my application for, and/or continued employment with, the City of Weyauwega is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, organization, school, or government agency, its officers, employees and agents, to release all information about me to the City of Weyauwega, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of the City of Weyauwega. I understand the information to be released may include, but is not limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and other employment records, as well as those concerning my criminal, driving, and academic records, and any other information or records regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of records or information except for the malicious and willful disclosure of untruthful derogatory statements concerning my employment made for the express purpose of preventing me from obtaining employment and which the officer, employee or agent making such statements knows are untrue.

Candidate's Signature

Date

Print-First Name: _____ MI: _____ Last Name: _____

For background and reference checking purposes only ~ (please print)

Phone: _____ Email: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Driver's License Number: _____ State: _____

Previous License # _____ State: _____ Effective Dates: _____

Any FORMER or ALTERNATE name(s), such as change of last name, and/or use of an assumed last name or nickname, in order to locate your employment and/or school records. CIRCLE names used within past 7 years:

May your CURRENT supervisor, and/or any references or individuals associated with your CURRENT employer (including Human Resource department) be contacted? (circle one) Yes No Not currently employed

Specific Comments: _____

Provide the following information:

School Name	Location (City/State)	Circle degree completed			Grad. Date
		Diploma	GED/HSED	None	
		Associate's	Bachelor's	Other	