



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the City of Dillingham, it's Officers, Department Heads, Human Resource Department, and representatives, with information that you have concerning my employment records and history, including performance evaluations, reprimands, disciplinary actions, character, reputation, educational record, work related medical history, military service records, polygraph examination history, driving record, criminal history, credit rating, if applicable, and other pertinent information for employment purposes.

The information requested will assist in determining my qualifications and fitness for employment with the City of Dillingham. I release you, your organization, the City of Dillingham, its officers, employees and representatives from all liability or damage whatsoever incurred in furnishing such information requested.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552, and specifically waive those rights, understanding that the information furnished will be used by the City of Dillingham and it's departments in conjunction with employment procedures. I will make NO attempt to gain access to the information provided by you in conjunction with this employment process and hereby waive any rights I may have to request disclosure of information provided by you in conjunction with employment procedures.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

May we contact your present employer? YES___ NO___

Applicant's Name (printed)		Applicant's Signature		Date
Maiden Name		Alias, or		AKA
Date of Birth	Social Security #		Drivers License #	
Address		City	State	Zip
Phone#		Cell Phone #		

