



Applicant’s Authorization to Release Information

As an applicant for employment with the City of Trotwood, I understand and agree that the City of Trotwood may make a thorough investigation of my past employment, education, credit history, criminal record and other activities related to the selection process.

I, _____ hereby release the City of Trotwood, its employees, agents and representatives and all others from any liability or damages which may result from the exchange of the information requested.

I also authorize and request all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed representative of the City of Trotwood.

I also release persons, agents, representatives and others providing such information from any damages or liability which may result in the provision of requested information.

Information to be disclosed may include: (Please initial each blank line)

- Past/Present Employment Information _____
- Educational background _____
- Criminal Record _____
- Driving Record _____
- Polygraph Examination _____ Full Time Police/Fire
- Psychological Examination _____ Full Time Police/Fire
- Physical Examination _____ Full Time Police/Fire/Public Works
- Credit History _____
- Drug Screen _____

These records will be maintained on file in the Human Resources Department.

Name of Applicant (Please Print)

Date

Signature of Applicant

Social Security Number

Date of Birth

Release Expiration Date

Signed release will expire sixty (60) days from date of signed release.

(Revised 7/15/15)