



**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)