

RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the **City of Bridgeton, Missouri**. The Director of Personnel needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the **City of Bridgeton, Missouri** bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **City of Bridgeton, Missouri**, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **City of Bridgeton, Missouri** to consider in determining my suitability for employment in the City. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. This release includes a check on my credit history.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **City of Bridgeton, Missouri** regardless of any agreement I may have made with you previously to the contrary. The City of Bridgeton Personnel Department, while requesting the information pursuant to this release, will discontinue processing my application if you refuse to disclose the information requested.

For and consideration of the City of Bridgeton, Missouri's acceptance and processing of my application for employment, I agree to hold the _____, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **City of Bridgeton, Missouri**. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and RSMO 610 with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **City of Bridgeton, Missouri** in conjunction with employment procedures. A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature. **This waiver is valid for a period of 30 days from the date of my signature**. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____

City State Zip

PHONE NUMBER: (____)____ - _____

APPLICANT'S SIGNATURE DATE