REQUEST, AUTHORIZATION, CONSENT AND RELEASE
FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME
(PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for staff position with the Metropolis of Atlanta may use the services of an outside agency to research and verify the information I have provided on my application, including my personal background, character, professional standing, work history and qualifications. This agency may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers Compensation records including any and all injuries in compliance with the Federal ADA Act, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to the Metropolis of Atlanta, reporting agency.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE METROPOLIS OF ATLANTA AND ITS AGENTS, AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

_____ _____
Signed **Today's Date**

_____ _____
Printed Name **Position Applied For**

_____-_____-_____ ____/_____/____ _____ _____
Social Security Number **Date of Birth** **Driver's License #** **State**

Other names you have used or are also known as:_____

Current Address:_____
Street **Apt.#** **City** **State Zip**

Former Address:_____
Street **Apt.#** **City** **State Zip**

Former Address:_____
Street **Apt.#** **City** **State Zip**