AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

I hereby authorize any representative of the City of Joplin 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 Joplin, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of myself for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Joplin to consider in determining my suitability for employment. 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, my educational records, my financial status, my driving record, my criminal history record, including any arrest records, any information contained in investigatory 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.

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 your organization, 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 Joplin regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the City of Joplin's acceptance and processing of my application for employment, I agree to hold the City of Joplin, 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 Joplin. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, 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 Joplin in conjunction with employment procedures.

This waiver is valid for a period of one year from the date of my signature. Should there by any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

FULL NAME (First, Middle, Last) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (include Area Code) _____ - _____- _____ DATE OF BIRTH _____-_____-_____

SSN _____ - _____ - _____ DRIVER'S LICENSE NO. _____ STATE _____

OTHER STATES IN WHICH YOU HAVE HAD A DRIVER'S LICENSE _____

OTHER NAME(S) THAT YOU HAVE USED _____

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

PARENTAL/GUARDIAN RELEASE:

As the Parent/ Guardian of _____, the above applicant, I hereby grant permission for the City of Joplin to do a background check in relationship to employment as my child is under the age of 18.

PARENTAL/GUARDIAN SIGNATURE _____ DATE _____

PARENTAL/ GUARDIAN PRINTED NAME _____