

AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

In connection with my application for employment with the City of Oak Ridge North, I understand that the City will conduct a background check, which may include obtaining copies of personnel files or other records or documents, credit information, information, information about criminal convictions, driving records, civil court records, educational transcripts and degrees, information about positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability, any instances of dishonesty insubordination, threatening or intimidating behavior, unsafe or unlawful conduct and any other information the City may need to verify information about my background, the accuracy of information submitted by me during the application process and/or my suitability for employment with the City.

By signing below, I authorize the City and its authorized employees or agents to investigate my background and to investigate the accuracy and truthfulness of all information submitted by me during the application process. I authorize all persons involved in the hiring process to discuss and review the results of or information obtained during any such investigation. I further authorize all persons, businesses, current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, personal references, and/or other persons, city, state, county and federal courts contacted by the City to release to the city information they may have about me, my background and my suitability for employment with the City. This Authorization and Release does not apply to criminal records that have been properly expunged.

By signing below I release each person, employer, agency, business, and organization who or which provides any information to the City from any and all claims, liability or damages related to providing or releasing information to the City pursuant to the Authorization and Release. I further release the City and each of its elected officials, officers, employees, and agents from any and all claims, liability or damages related to any use or disclosure by the City, or purposes related to consideration of my application for employment and/or my employment with the City, of any information obtained by reason of the background check conducted by the City.

A photocopy or facsimile of this Authorization and Release shall be considered valid as though it were an original and may be relied on to provide or release information to the City.

I have carefully read and understand this Authorization and Release, and voluntarily agree to its terms to assist the City in conducting a thorough check of my background for the purpose of hiring honest, trustworthy, reliable, capable and nonviolent employees. I further understand that all information and documents acquired by the City in conducting its background check will be maintained as confidential by the City and will not be released by the City to me or to others except as may be required under the Fair Credit Reporting Act ("FCRA") or other applicable laws.

NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT

ADDRESS

SS#

DL# AND STATE