

VILLAGE OF CLEVELAND

AUTHORIZATION FOR RELEASE OF INFORMATION

(for official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Village of Cleveland or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies,
2. Selective Service System,
3. Any banking institution,
4. Any place of business (for purposes of obtaining credit or employment data),
5. Credit rating bureaus or institutions maintaining individual credit rating files,
6. Any previous employer,
7. Any present employer,
8. Any school, college, university or other educational institution,
9. Any law enforcement certification or licensing board of Wisconsin or any other state, and/or
10. Any licensing or permitting agency in Wisconsin or any other state.

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).
2. _____
3. _____

This release is executed to authorize the Village of Cleveland, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Signature: _____

Date: _____

PRINT CLEARLY ALL INFORMATION BELOW
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Full Name: _____
First *Full Middle Name* *Last*

Maiden Name: _____ Other Aliases: _____

Street Address (provide below): _____

_____ Social Security Number _____

_____ Date of Birth _____

Mailing Address (provide below): _____ Place of Birth _____

_____ Driver's Lic. No. _____

_____ State that Issued Driver's Lic. _____