

# INFORMATION AUTHORIZATION & RELEASE

## -For Employees-

I, \_\_\_\_\_, of \_\_\_\_\_, having submitted an application for employment with City on a Hill, consent to have a background search conducted as to the conduct of my personal affairs, moral character, professional reputation and such further information as may be received by or reported to the above-named organization. I agree to provide any further information which may be required in reference to my past history.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to City on Hill any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all rights I may have to inspect or review any information provided.

I hereby release, discharge, and exonerate City on a Hill, its agents and representatives, and any person furnishing information, from any and all liability of every kind arising out of the furnishing or inspection of such documents, records, and other information related to the background search made by or on behalf of the organization. City on a Hill shall not be required to verify any information received during the course of its review, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (non-spouse)

**Please Print:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name (Initial)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code