

**Authorization for Release of Personal Information for
Certification/Employment Purposes**

To Whom It May Concern:

I am an applicant for a position with Town of Troutman. In order to determine my suitability for employment, I understand that the Town of Troutman, Troutman, North Carolina must make a thorough investigation of my personal records, personal background, and personnel records. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____,
Operators License # _____, SS # _____, do hereby
request and authorize any bank, credit union, lending or financial institution, credit bureau,
customer report agency, retail business establishment, former and present employer,
education institution, doctor or other health care professional including mental health, alcohol
treatment center, hospital or other repository of medical records, insurance company, military
organization and any other individual agency to produce and provide copies of any and all
information to the authorized agent of the Town of Troutman, Troutman, North Carolina
regarding me whether of privileged or confidential nature.

Moreover, I hereby release the Town of Troutman, any affiliates, agents, or employees of
Troutman, North Carolina from any civil or criminal liability whatsoever for seeking such
requested information and for evaluating such information as it related to my employment with
the Town of Troutman. This to include inspection of any document and personnel file relating
to name indicated above. I hereby release the issuing agency and it agency and employees,
both individually and collectively, from any and all liability for damages of whatever kind, which
may at any time result because of compliance with the authorization and request.

I further waive all right to inspect or review any information compiled in reference t my
application for employment as allows by law.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment
application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant Signature

Printed Name

Address: _____

Phone Number(s): _____

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public for _____ County, North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this is the _____ day of _____, 20____.



Notary Public

My commission expires:

_____, 20____.