



City of
Jonesville

265 E. Chicago Street, Jonesville, MI 49250

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(517) 849-9037 Fax
www.jonesville.org

**PERSONAL INQUIRY WAIVER AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

We welcome your application for employment with the City of Jonesville. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire.

This release and authorization acknowledge that the City of Jonesville may now or at any time while you are employed, conduct a verification of your education, personal references, motor vehicle records and to receive any criminal history record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in Michigan, or any other state and/or other information as deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility under the City of Jonesville employment policies. All results will be proprietary and will be kept confidential.

Applicant Authorization and Consent for Release of Information

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge.

I have read and understand this release and consent and I authorize the background verification. I authorize all individuals, school, current and former employers, financial or credit institutions and other organizations and agencies to provide the City of Jonesville with all information requested and I hereby release the individuals and organizations that provide such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the City of Jonesville and their associates from any claims, damages, losses and expenses or another charge or complaint filed with any agency arising from retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

APPLICANT'S SIGNATURE

APPLICANT'S DATE OF BIRTH

APPLICANT'S PRINTED NAME

APPLICANT'S SOCIAL SECURITY NUMBER

DATE

This Form Must Be Notarized

State of _____ County of _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord and with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____.

Notary Public: _____ My Commission Expires: _____/_____/_____