



TOWN OF HOLLY RIDGE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

To Whom It May Concern:

I am an applicant for a position with the Town of Holly Ridge. In order to determine my suitability for joining the Town, I understand that the Town of Holly Ridge, North Carolina must make a thorough investigation of my personal records and personal back ground. 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 Number: _____, Social Security Number _____, Race _____, Sex _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former or present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, government agency, criminal and civil courts, certification/licensing commission, 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 Holly Ridge, NC regarding me whether of a privileged or a confidential nature.

Moreover, I hereby release the Town of Holly Ridge, NC from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it is related to my employment with the Town of Holly Ridge. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result because of compliance with this authorization request.

I further waive all right to inspect any information compiled in reference to my application for employment as allowed 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 _____

State of North Carolina
County of _____

Subscribed and sworn before me,
This the _____, day of _____, _____

Notary Public and Seal

My Commission Expires: _____