



**AUTHORIZATION FOR
RELEASE OF
INFORMATION**

Position Applying for: _____

APPLICANT INFORMATION (please print)

Full Name _____ Phone _____
 First Middle Last

Maiden Name _____ Date of Birth _____
 First Middle Last Month/Day/Year

Residence Address _____

Driver's License Number _____

In connection with my application for employment, I authorize the City of St. Louis, Michigan, or any agency it designates, to conduct an investigation of my character, reputation, police and court records, and credit worthiness.

To that end, I authorize my former employers, schools and any other persons to furnish the City of St. Louis, or any agency acting on its behalf, any information relevant to this investigation.

I release the City of St. Louis and its agents, as well as former employers, schools and any other persons releasing information, from all liability in connection with this investigation. I request that the City of St. Louis hold that information in confidence unless otherwise required by law.

Signature

Date