

CRAWFORD COUNTY LIBRARY

Policy Manual

Policy No. 201.3

Subject: Authorization to Release Information

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of the CRAWFORD COUNTY LIBRARY to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by the CRAWFORD COUNTY LIBRARY for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment.

I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by the CRAWFORD COUNTY LIBRARY to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

***I hereby authorize you to contact my current employer for Employment and Reference Verifications*

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to the CRAWFORD COUNTY LIBRARY, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which the CRAWFORD COUNTY LIBRARY has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

ADOPTED: January 14, 2016

REVIEWED:

AMENDED:

Last Name	First Name	Middle Name
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Current Address	Dates Lived Here
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Addresses for the Past Seven Years: (include street, city, state, zip code)	Dates of Residence:
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1) _____

2) _____

3) _____

4) _____

Date of Birth	Other Names Used (including maiden name)	Years Used
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Social Security Number	Driver's License #	State
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_____ **Email address (may be used for official correspondence)**

_____ **Printed Name**

_____ **Applicant Signature**

_____ **Date**