TOWN OF HORIZON CITY

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, authorize and give consent for the Town of Horizon City to obtain information regarding myself. This includes the following:

- Local Criminal background records

I, authorize this information to be obtained either electronically, in writing or via telephone in connection with my employment application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance.

Such information will be held in confidence in accordance with the Town of Horizon City's guidelines.

By signing this document, I am providing the Town of Horizon City my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employment with the Town of Horizon City.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant's Printed Full Name: _____

Address: _____

City: _____ State: _____Zip:_____

Date of Birth: _____

Telephone Number: _____ _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this _____day of _____, _____

in and for _____county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

(HR 05/2026)