



Authorization and Consent for Release of Information

This release and authorization acknowledges that the City of Norton Shores may now, or at any time while you are employed with them, contact personal references, conduct a verification of your education, previous employment, work history, motor vehicle records, 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 states and/or other information as deemed necessary to fulfill any job requirements. Results of this verification process will be used to determine employment eligibility under the City's employment policies. All results will be proprietary and will be kept confidential. The information obtained will not be provided to any party other than designated City personnel unless release for disclosure is authorized by you in writing.

I authorize the City and any of its agents' designated personnel to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of this City.

I, the undersigned applicant/employee 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 understand and agree that false statements, oral or written, will serve as just cause for immediate dismissal of employment at any time.

I have read and understand this release and consent and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and agencies to provide the City of Norton Shores with all information requested and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I hereby agree to forever release and discharge the City of Norton Shores and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information and acknowledge notice of the right to receive a copy upon my written request.

Full Name – printed

Social Security Number Birthdate

Current Street Address

Driver's License Number/State

City, State, Zip

Phone Number

Signature Authorizing Consent and Release of Information

Date