

AGREEMENT AUTHORIZING RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I _____ am an applicant for a position with, or an employee for the City of Lovington, New Mexico. The City of Lovington needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in my and the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department, (except for information covered by the Americans with Disabilities act, "ADA").

I hereby authorize any representative of the City of Lovington bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Lovington, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Lovington to consider in determining my suitability for employment with that City. It is my specific intent to provide access to personal information, however, personal or confidential it may appear to be.

I consent to you release of any and all public and private information that you may have pertained to me, my work background and reputation, my military service records, educational records, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had in interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of the City of Lovington, including its officers, employees, and other related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or my

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associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Lovington regardless of any agreement I may have made with you previously to the contrary. The Personal Representative requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration for the City of Lovington's acceptance and processing of my Application for Employment, I agree to hold the City of Lovington, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Lovington. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Lovington in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by the City of Lovington as a result of inquiries pursuant to this Agreement Authorizing Release of Information.

A photocopy or fax copy of this release form will be valise as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of twelve (12) months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her employer, agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

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THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY

Printed Name of Person Giving Request

Signature

Date of Birth

Current Address

City State Zip Code

() ()

Primary Phone # Secondary Phone #

STATE OF _____)
)ss
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____
20____, by _____

Notary Public

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