



Town of Hanna

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townofhanna1@union-tel.com

Employment Application

Authorization For Release of Personal Information

I _____ do hereby authorize a review of and full disclosure of all record concerning myself to any duty authorized agent of the Town of Hanna Marshal's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/ or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Hanna's Marshal's Office. I also certify that any persons(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) for any and all liability which may be incurred as a result of furnishing such information.

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

Signature

Driver's License No.

Address

Phone Number
