

EDUCATION

HIGH SCHOOL ATTENDED: _____

Graduated? _____yes _____no

GED Certificate? _____yes _____no

COLLEGES ATTENDED: _____

Graduated? _____yes _____no

Course of Study: _____

OTHER

TRAINING: _____

_____.

EMPLOYMENT EXPERIENCE

(Start with your present or last job. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.)

1. From _____ To _____

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Telephone: _____

Reason for leaving: _____

2. From _____ To _____

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Telephone: _____

Reason for leaving: _____

3. From _____ To _____

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Telephone: _____

Reason for leaving: _____

4. From _____ To _____

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Telephone: _____

Reason for leaving: _____

5. From _____ To _____

Employer: _____ Job Title: _____

Address: _____

Supervisor: _____ Telephone: _____

Reason for leaving: _____

*City of De Leon
P. O. Box 318
De Leon, Texas 76444*

Release and Waiver

To Whom It May Concern:

I, the undersigned, hereby designate an authorized representative of the City of De Leon, Texas, bearing this release, or a copy of this release, to obtain any information pertaining to my employment, credit or educational records including, but not limited to, information which is personal, confidential or privileged in nature, or which relates to any and all aspects of my personal history for the use of the City of De Leon related to determining my qualifications for employment with the City of De Leon.

I, the undersigned, hereby authorize and direct you to release this information upon request of the bearer. I further understand that this information is for official and confidential use of the City of De Leon. I further understand that any background investigation report prepared by the City of De Leon is STRICTLY CONFIDENTIAL and will not be read or reviewed by anyone except the appointing authority or designated confidential agent of the City of De Leon.

I, the undersigned, hereby release you, as the custodian of records, and any school, college, university, or other institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, former employer, law enforcement agency, employees, or related personnel both individually and collectively, for any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

NAME:_____ SIGNATURE:_____
(Printed or Typed)

DATE:_____

WITNESS:_____