



RELEASE OF LIABILITY FOR PROVIDING REFERENCES

I, _____, hereby request, authorize and consent to the release of information regarding my previous and/or current employment with the City of San Rafael (“City”) for the purpose of evaluating my suitability for employment. I further authorize those individuals listed below to respond to any verbal or written inquiries regarding my employment record, including but not limited to: positions held; dates of employment; beginning and end pay rates; work performance; disciplinary records; reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files. I direct the City of San Rafael and the individuals listed below to release such information regardless of any agreement, instructions or representations I may have made with the City to the contrary.

In addition, I authorize the City of San Rafael to release the contents of and/or provide a photocopy of my entire personnel file with the City if requested by the prospective employer, including any documents sealed pursuant to any settlement agreement or stipulation, and all application information including questionnaires, interviews and education transcripts. I further authorize the disclosure of all records to which, as an employee, I would have or did have access under Labor Code section 1198.5.

I have received a copy of this Release of Liability form and had adequate time to review it. I understand the meaning and purpose of this Release of Liability, and by signing this document, I release the City of San Rafael, its officers, employees, or related personnel, both individually and collectively, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended.

This Release of Liability will expire one (1) year after the date signed. A photocopy of this Release of Liability is to be considered as valid as an original.

I authorize the following individuals to respond to any inquiries as noted above:

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Signature: _____

Date: _____