

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 authorize any representative of the City of Lovington bearing this release to obtain any information about my employment records from your files. 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 public, private, or confidential. This authorization intends to give my consent for complete disclosure. I emphasize that this authorization intends to provide complete and unrestricted 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 your release of any 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 resulting from furnishing the requested information, including any liability or damage under 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 all liability for damages of whatever kind, which may at any time result to me, my heirs, or my 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 under 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 its employees harmless from all claims and liability associated with my application for employment or in any way connected with

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the decision whether or not to employ me with the City of Lovington. I understand that should information of a grave criminal nature surface due to 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, concerning access and disclosure of records, and I waive those rights with the understanding that the 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 due to inquiries under this Agreement Authorizing Release of Information.

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

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

Should you have any questions about 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 employers, agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or because of complying with this request.

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THIS SECTION TO BE COMPLETED IN THE PRESENCT OF A NOTARY

Printed name of Person Giving Request (You)

Signature

Date of Birth

Current Address

City State Zip

Primary Phone #

STATE OF _____)

_____)SS

COUNTY OF _____)

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

Notary Public

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