

**AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK**



I, the undersigned, hereby certify that the information provided by me for the purpose of contracting with the City of Eugene is true and complete to the best of my knowledge. I authorize the City of Eugene, its employees or agents, to investigate my references, to obtain any employment reports or personnel files, and to keep and preserve records of such research. In connection with my request to contract with the City of Eugene, I voluntarily authorize all persons, businesses, current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, personal references, and/or other persons, city, state, county, and federal courts to release information they may have about me to the City of Eugene. This requested information may include, but is not limited to, copies of personnel files or other records or documents, State Employment Division records, medical records, credit information, information about criminal convictions, driving record, civil court records, educational transcripts and degrees, and information about positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability, and any instances of dishonesty, insubordination, threatening or intimidating behavior and unsafe or unlawful conduct. I further authorize the National Personnel Records Center, or any other custodian of my military records to release information or photocopies from my military and related records to the City of Eugene. Please honor a photocopy of my DD form 214 as an original, if it is requested. The original of this authorization form is maintained in the Human Resource & Risk Services Department and will be available upon demand.

I voluntarily release the City of Eugene from any claims, liability or damages related to the background check it may conduct as a result of my application for contract work. I further voluntarily release all parties from liability for complying with this authorization. I will allow a photostat facsimile of this Authorization and Release to be considered as though it were an original.

I have carefully read and understand this Authorization and Release and have voluntarily agreed to its terms to assist the City of Eugene in meeting the business necessity of contracting with honest, trustworthy, reliable, capable and nonviolent people. I further understand that all information and documents acquired by the City of Eugene will be maintained as confidential by the City of Eugene and that the City will not release such information to me, except as required under the Fair Credit Reporting Act or other applicable laws. The City provided me with a summary of my rights under the FCRA as amended effective September 30, 1997.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\*\*\*\*\*PLEASE PRINT LEGIBLY\*\*\*\*\*

FULL NAME \_\_\_\_\_

Last

First

Middle (full name-not initial)

\_\_\_\_\_  
(Include all other names you have used or been known by - past or present)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Driver's License or ID #

\_\_\_\_\_  
State

\_\_\_\_\_  
Telephone No.

HOME ADDRESS (INCLUDE ALL ADDRESSES WITHIN LAST FIVE YEARS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO IF YES, LIST BELOW:

\_\_\_\_\_  
\_\_\_\_\_

CHECK DATE \_\_\_\_\_

BY \_\_\_\_\_

RECORD? Y / N

APPROVED? Y / N