



RELEASE OF INFORMATION

I hereby request and authorize any and all of my former employers to provide any information requested by the City of North Myrtle Beach concerning my employment, including but not limited to, information or opinions as to my character, habit, ability, work record, and reasons for leaving its employ; and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered for employment with said agency. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document.

I understand and authorize the City of North Myrtle Beach to check my credit/rating history with any or all of the major credit reporting agencies. I further understand that if the City of North Myrtle Beach is unable through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, credit rating, and character necessary to evaluate my qualifications to be accepted for employment by the City of North Myrtle Beach, I may be rejected for such employment.

I hereby release the City of North Myrtle Beach, any person or entity acting on their behalf, and any and all of my former employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of the City of North Myrtle Beach, or any person or entity acting on their behalf. I further understand that in consideration for said release, the City of North Myrtle Beach will regard all information so obtained as confidential and shall not release the same to any other person without my express consent.

NOTE: Signature on this form is necessary for consideration of employment.

Date of Birth _____ Maiden Name _____

If you have lived at your current address less than five years, please provide previous address:

Street City County State, Zip

Signature _____ Date _____

Witness _____ Date _____