



PHINNEY NEIGHBORHOOD ASSOCIATION

AUTHORIZATION TO RELEASE INFORMATION

I, _____
 Last Name First Name Middle Name

 Current Address Dates Lived Here

 Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

 Date of Birth Other Names Used (including maiden name) Years Used

 Social Security Number Driver's License # State

I _____ do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Phinney Neighborhood Association to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by the Phinney Neighborhood Association for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by the Phinney Neighborhood Association to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to the Phinney Neighborhood Association, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which the Phinney Neighborhood Association has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

 Printed Name Applicant Signature Date