THE CITY OF BOZEMAN, MONTANA

CONSENT AND RELEASE TO CONDUCT CRIMINAL BACKGROUND and REFERENCE CHECKS

Dated this ____ day of _____, 20____.

Waiver Statement

I, _____, hereby authorize the City of Bozeman, Montana and/or its agents to conduct an investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Company.

I release the City of Bozeman, Montana and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person for which I have been employed furnishing the information requested.

In accordance with Montana Constitution, Article II, Section 9, I understand I have the right to review information obtained through the reference check process; however, by signing below, I realize the City of Bozeman will NOT release the information provided to them to any person, including myself. The information submitted is confidential and will be used only for the purpose of determining my suitability for the position which I applied.

**********Complete Section 1, but do not sign this form until you are present with a Notary**********

_____

Current Address City State Zip

_____/_____/_____ _____-_____-_____

Date of Birth (mm/dd/yyyy) Social Security Number

_____ _____ _____/_____/_____

Driver's License Number State Expiration Date (mm/dd/yyyy)

Maiden and/or Other Names Used:_____

_____ _____

Print Legal Name **(First Middle Last)** Signature **(Must be witnessed by Notary)**

APPLICANT: READ THE WAIVER STATEMENT BEFORE SIGNING, IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE.

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Section 2: (to be completed by a Notary)

STATE OF _____)

County of _____)

On this _____ day of _____, 20_____, before me, the undersigned, a Notary Public for the State of _____, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year first above written.

(SEAL)

_____

_____

Notary Public for the State of _____, residing at

_____. My

Commission expires _____/_____/_____.