
Authorization to Release Information

Full name: _____ **Date of Birth:** _____
Other names used (maiden, prior marriages, adoption, etc.): _____

I, _____, understand that in connection with the application process, that the

print your name

Carlsbad Fire Department may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Carlsbad Fire Department regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of appointment or immediate discharge. In order to assist the Carlsbad Fire Department in obtaining documents and information to confirm my background, I hereby consent to the release of the information as described below.

I request, authorize and consent to the release of information to the Carlsbad Fire Department regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Carlsbad Fire Department regarding my employment record, including but not limited to: positions held, dates of employment, beginning and end pay rates; work performance; disciplinary records, reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Carlsbad Fire Department, regardless of any agreement, instructions or representations I may have made with your previously to the contrary.

I further request, authorize and consent to the Carlsbad Fire Department's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The Carlsbad Fire Department has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from appointment.

I also waive any and all rights and claims I may have against the Carlsbad Fire Department, its employees, representatives or agents, former educational institutions, or any person listed as a reference, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended. It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.

Participant Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.