

**INFORMATION RELEASE AUTHORIZATION**  
Background Check for Official Use by Authorized Persons - City of New Holstein

**INSTRUCTIONS TO APPLICANT:**

The City of New Holstein requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. **Failure to complete will result in delayed processing of your application.**

Legal Name: Last, First, Middle	Date of Birth
Resident Street Address	
(Area Code) Home Telephone	(Area Code) Work Telephone
Former Name (If Applicable)	

**To Whom It May Concern:**

I authorize any authorized official representative of The City of New Holstein bearing or presenting this release, to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

- 1. Military Record Centers
- 2. Any place of business
- 3. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
- 4. Former Employer(s)
- 5. Present Employer(s)
- 6. Any School, College, University or other educational institution including peace officer records
- 7. Credit Bureau(s)
- 8. Any Banking Institution
- 9. Any Local, State, or Federal Governmental Agency
- 10. Any private citizen who has knowledge of individual

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by The City of New Holstein. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s. 895.50, Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

A photocopy of this release will be as valid as an original.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age a parent must sign.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>OFFICE USE ONLY:</b> Background Check Completed By: _____</p> <p>Recommendation on the results of the background check is that this applicant should be (circle one):    APPROVED    DENIED</p> <p>Denial is recommended based on the following information:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--