

City of Pittsburgh



Pennsylvania

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize the release of any and all information to the City of Pittsburgh, Department of Personnel and Civil Service Commission and/or the Office of Municipal Investigations, from any person, agency, entity, corporation, business, or institution that they deem necessary. I authorize the release of any and all information including, but not limited to: military records, police records, arrest records, court records, police reports, credit records, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records, transcripts, and personal records (including information regarding my character and general reputation), etc. I also release all persons, agencies, entities, corporations, businesses, and/or institutions from any liability which could result from furnishing this information to the City of Pittsburgh, or its designated representative.

I further authorize the City of Pittsburgh, or its designated representative, to photocopy, or otherwise reproduce this original document having such copy act as the original instrument. This form is valid thirty (30) days of candidate's signature.

For temporary seasonal employment only: I understand I may be permitted to begin work while my background investigation is being conducted. Continued temporary seasonal employment is contingent upon the results of my background investigation.

----- PRINT LEGIBLY AND COMPLETE ALL OF THE INFORMATION BELOW -----

POSITION APPLYING FOR: _____ **DEPARTMENT:** _____

NAME _____ **DATE OF BIRTH** _____
FIRST MI LAST MO./DAY/ YEAR

ALIAS OR OTHER NAMES: _____

ARE YOU CURRENTLY AN EMPLOYEE OF THE CITY OF PITTSBURGH _____

IF YES, WHAT IS YOUR CURRENT JOB TITLE _____

IS THIS A PROMOTIONAL ADVANCEMENT? _____

SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

CURRENT ADDRESS: _____
STREET NO. STREET NAME APT.

CITY STATE ZIP

LIST YOUR PREVIOUS ADDRESSES FOR THE PAST 7 YEARS:

SIGNATURE _____ **DATE:** _____

(If under 18, parent or guardian must sign)