

**CITY OF ROY
PO BOX 700
216 MCNAUGHT STREET
ROY, WA 98580-0700
(253)843-1113 Fax (253)843-0279**

To Whom It May Concern:

I am an applicant for the position of _____ with the City of Roy, WA. City Personnel Policy Ch 3 (Hiring) requires the completion of a comprehensive background investigation to determine if I possess the requisite fitness in all respects to serve in this capacity.

I HEREBY AUTHORIZE AND DIRECT YOU, YOUR ORGANIZATION, AND ITS OFFICERS, AGENTS, ASSIGNEES AND EMPLOYEES TO RELEASE ANY AND ALL INFORMATION WHICH YOU MAY POSSESS ABOUT ME, INCLUDING INFORMATION WHICH MAY BE DEEMED CONFIDENTIAL, PRIVILEGED AND/OR DEROGATORY IN NATURE, INCLUDING BUT NOT LIMITED TO: EMPLOYMENT INFORMATION, OFFICIAL EMPLOYMENT DOCUMENTS, EMPLOYMENT PERFORMANCE DATA, INTERNAL INVESTIGATIONS, DISCIPLINARY INVESTIGATIONS AND ACTIONS, INCLUDING INFORMATION WHICH MAY, AS A RESULT OF ANY AGREEMENT BETWEEN THE UNDERSIGNED AND YOUR ORGANIZATION, HAVE BEEN SEALED; CHARACTER REFERENCE INFORMATION; BACKGROUND INVESTIGATIONS; EDUCATIONAL RECORDS AND TRANSCRIPTS; CREDIT AND FINANCIAL RECORDS; AND LOCAL CRIMINAL HISTORY INFORMATION PURSUANT TO STATE LAW. RELEASE MAY BE ORAL AND/OR WRITTEN, ELECTRONIC OR OTHERWISE.

I HEREBY EXONERATE, RELEASE AND DISCHARGE YOU, YOUR ORGANIZATION, ITS OFFICERS, AGENTS, ASSIGNEES AND EMPLOYEES FROM ANY LIABILITY OR DAMAGES, WHETHER IN LAW OR IN EQUITY, NOW AND IN THE FUTURE, FOR COMPLYING WITH THIS REQUEST AND FOR FURNISHING THE INFORMATION REQUESTED BY THE CITY OF ROY.

I HAVE SPECIFICALLY WAIVED ANY RIGHTS I MAY HAVE TO REVIEW OR INSPECT ANY AND ALL OF THE INFORMATION DEVELOPED IN THIS INVESTIGATION, SO YOUR RESPONSES WILL NOT BE COMMUNICATED TO ME OR MY AGENT EXCEPT AS MANDATED BY COURT ORDER. YOU MAY RETAIN A COPY OF THIS FORM FOR YOUR FILES.

Dated this ____ day of _____, 20____, in the City of Roy, County of Pierce, State of Washington.

Signature of Applicant

Print Name

Witness

AN EQUAL OPPORTUNITY EMPLOYER