

CITY OF WAKEFIELD  
REFERENCE INVESTIGATION CONSENT  
DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document the City of Wakefield discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Applicant's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Address \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_