

**City of Amarillo
Authorization for Release of Personal Information**

I do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the City of Amarillo, whether the said records are of public, private or confidential nature. I understand that any information obtained by a 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 eligibility for employment by the City of Amarillo. I also certify any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information. I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver. A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature. This also includes a driving record from the Department of Public Safety.

PRINT CLEARLY

Please use legal name

First Name		MI	Last Name			Social Security Number - -	
Address			City	State	Zip	Lives with parent (minor only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth - -		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race		Telephone number ()	
Drivers License #		Class	<input type="checkbox"/> Operator <input type="checkbox"/> CDL <input type="checkbox"/> Other	State	Expiration Date - -	Military/Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Spouse's Name (if applicable)				Spouse's Date of Birth - -	

Employee Signature

Date

For office use only

Employee Number: _____	Start Date: _____ Requisition #: _____
Business Unit: _____	Public Access: <input type="checkbox"/> yes <input type="checkbox"/> No
Home company: _____	Military/Veteran: <input type="checkbox"/> yes <input type="checkbox"/> No
Position ID #: _____	WC Code: _____
Underfill as: _____	EEO Job Type / License & Pay Rule: _____ / _____ - _____
Annual Salary: _____	Clothing #1047: _____ Clothing #1048: <u>.1430</u>
Hourly rate: _____	Tool Allowance: _____
W4 selection: _____ Add'l \$: _____	Car Allowance: _____
<input type="checkbox"/> TMRS <input type="checkbox"/> Hourly- <input type="checkbox"/> Hourly+	