

## EAU CLAIRE COUNTY AUTHORIZATION FOR RELEASE OF INFORMATION

**APPLICANT:** Read the authorization for release of information listed below. Your completion of this document allows *Eau Claire County* or other authorized representative to investigate your background and gives your permission for the release of information from the below listed sources. After signing the release form, you must print your name below your signature.

### TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide to *Eau Claire County* and/or any authorized representative thereof any and all information you may have concerning the following:

1. Employment history, including, without limitation, all disciplinary records, performance evaluations, sick leave records, background reports, and any other matters contained within my personnel file.
2. Scholastic and any other records from any school, college, university, or other educational institution.
3. Records maintained by any law enforcement agency, including but not limited to, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
4. Military records including the U.S. Veteran's Administration and Selective Service System.
5. Any public or private social service agency.
6. Friends, relatives, neighbors, past and/or present landlords, and mortgage/property management records.

This information will be used to assist *Eau Claire County* to determine my qualifications and fitness for the position I am seeking with *Eau Claire County*. Please provide *Eau Claire County* and/or any representative thereof any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and allow *Eau Claire County* and/or any representative thereof to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access and upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release and hold harmless on behalf of myself, my heirs, assigns, and successors in interest, both you and/or your employer or organization, from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I agree not to sue you or your employer or organization for any information that is released in response to this request. In making these statements I understand that information which you give may result in my not being employed. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I hereby waive any rights to inspect, review or otherwise obtain the contents of the background investigation conducted by *Eau Claire County*. I further waive any and all rights I may have under Chapter 103 or Chapter 19 or any other sections of the Wisconsin Statutes or any Wisconsin administrative regulations. I further waive any rights I may have to inspect, view, or have produced to me the contents of this background investigation as provided for in any other applicable document or statute, including, but not limited to, any labor contracts or employment agreements or any Federal statutory or administrative regulations.

A photocopy or facsimile reproduction of this request shall be, for all intents and purposes, as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form for your files.

Applicant Signature	Date	Applicant Name (Print)
Maiden/Former/Other Names		
Position Applied For		
Applicant Date of Birth		Applicant Social Security Number
Applicant Race		Applicant Gender