



THE CITY OF
HOBBS, NEW MEXICO

200 EAST BROADWAY • HOBBS, NEW MEXICO 88240
HUMAN RESOURCES DEPARTMENT (575) 397-9230 • FAX (575) 397-9212

AGREEMENT AUTHORIZING RELEASE OF INFORMATION

(If under 18 this section must be completed by both the applicant & parent/legal guardian)

TO WHOM IT MAY CONCERN: I _____ am an applicant for a position with the City of Hobbs. The City of Hobbs needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in my and the public's interest that all relevant information concerning my personal and employment history is disclosed to the above department, (except for information covered by the Americans with Disabilities Act, ("ADA")).

I hereby authorize any representative of the City of Hobbs bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Hobbs, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Hobbs to consider in determining my suitability for employment with that City. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have pertained to me, my work background and reputation, my military service records, educational records, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of City of Hobbs, including its officers, employees, and other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or my associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited

representative of the City of Hobbs regardless of any agreement I may have made with you previously to the contrary.

The Personal Representative requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Hobbs' acceptance and processing of my application for employment, I agree to hold the City of Hobbs, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Hobbs. I understand that should information of a serious criminal nature surface as a result of this investigation, any such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Hobbs in conjunction with employment procedures. I further agree that I shall not have the right to read or otherwise review any information received by the City of Hobbs as a result of inquiries pursuant to this Agreement Authorizing Release of Information.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of twelve (12) months from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his employer, agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Printed Name

Signature

Parent/Guardian Name (If under 18)

Signature