City of Albuquerque

HUMAN RESOURCES

Background Investigation Waiver and Release Form

In connection with my application of employment with the City of Albuquerque, hereby known as "Hiring Entity" I understand that investigative reports may be requested that will include information as to my performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested concerning my motor vehicle registration history and criminal history from various states, private insurance sources along with other public records available.

I voluntarily and knowingly authorize any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, Federal agency; private business; military branch or the National Personnel Records Center to give records of information they may have concerning information requested as part of my background investigation. I voluntarily and knowingly unconditionally release any named or unnamed format from all liability resulting from the furnishing of this information. A photocopy of this Designation and Authorization for Release and Redisclosure of Information shall be considered by the recipient to be a signed original, as long as it is transmitted to the recipient by the Hiring Entity and is received within one year of the signature date,

I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment or as a volunteer.
I hereby release from liability and agree to hold harmless; under any and all possible cause of legal action, including negligence, the City of Albuquerque, the Agency and any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded in the course of my background investigation.

If I am denied employment, either wholly or partly because of information contained in resulting reports, a disclosure will be made to me of the name and address of the consumer reporting agency making such report. If the report contains information about me that is matter of public record, such as arrests, indictments or convictions, I may also be informed of the name and addressed of any person to whom the information is reported.

Applicant Signature _____ Date _____

Parent/Guardian Signature (If under 18) _____ Relationship _____ Date _____

APPLICANT INFORMATION – Please complete ALL blanks

Last Name _____ First Name _____ Full Middle Name _____ Social Security Number ___-___-___

Maiden Name _____ Other Names, Nicknames or Aliases used _____ Date of Birth (Month/Day/Year) _____

Present Address _____ Number/Street/Quadrant _____ City _____ State _____ Zip Code _____ How Long _____

Previous Address (Within last 7 years) Number/Street/Quadrant _____ City _____ State _____ Zip Code _____ How Long _____

Driver's License Number _____ State Issued _____ Expiration Date _____ Operator __ Commercial (CDL) __

City of Albuquerque Information:

Department/Job Title: _____/_____ Department No: _____

Position Applying for: _____ Requested BY: _____