



SECURITY AND PRIVACY ACT RELEASE REQUIRED FOR ALL APPLICANTS

NAME _____ SSN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

D/O/B _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ RACE _____ SEX _____

DRIVER'S LICENSE NUMBER _____ STATE _____

OTHER STATES IN WHICH YOU HAVE HAD A DRIVER'S LICENSE IN THE PAST TEN YEARS: _____

I hereby authorize your organization to release any and all information of a confident and privileged nature from your files to the City of Albany, GA/WG&L Commission, including my work records, my driving history and/or police record and photostatic copies if requested.

I understand that this information will be used to determine my qualifications for the position for which I have applied and/or for my continued employment. I further understand and also realize that the information so released be held in the strictest confidence and may prove unfavorable to my being selected for the position or have an adverse affect on my present employment with the City of Albany, GA/WG&L Commission. This release will be in effect for pre-employment consideration and shall continue to be in effect as long as I am employed by the City of Albany,GA/WG&L Commission.

I, therefore release your organization and/or designated representative from any and all liability resulting from the disclosure of this confidential and privileged information.

DATE SIGNATURE

Sworn to and subscribed before me at (city and state) _____

This _____ day of _____ 20 _____.

NOTARY

My commission expires: _____.

(SEAL)