PRE-EMPLOYMENT DISCLOSURE AUTHORIZATION AND RELEASE

I understand that in connection with my application for employment, and /or continuous employment, the City of Parma ("Employer"), their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, criminal and credit histories and such other information the ("Information") as may be required.

I understand that Employer may rely on any part or all of this Information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by Employer, or if Employer chooses not to extend an offer of employment to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check which may be performed by Investigators is being performed as part of the pre-employment process to evaluate me for employment and is not conducted for any other purpose other than in connection with my application for employment.

I have read this Pre-Employment Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment. I hereby release Investigators from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment with Employer. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Applicant Signature			Date		
Printed Name Last	First	Middle	Social Security Number		
Date of Birth			Maiden Name (if applicable)		
Current Address:					
Street		City	State	Zip	W-1475
Former Address:				·	
Street		City	State	Zip	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

CITY OF PARMA – HUMAN RESOURCES DEPARTMENT RELEASE FORM

(Section 173.35 Codified Ordinances)

Please return this form to the Human Resources Department. We hope that you understand the City's commitment to doing all that can be done to help ensure the safety of our City. Thank you for your patience and understanding in this matter.

NAME:(please print)			
Last		First	Middle
ALIAS IF ANY: ADDRESSES (LAST	10 YEARS):		
	·		
Street	City	State	Zip
Street	City	State	Zip
Street DATE OF BIRTH: SOCIAL SECURITY N	City	State	Zip
Chapter 2907 of the C violence as defined in	Ohio Revised Coon This Chapter 2919.2 This of the offense ar	le whether a felony o 25 Section A or B?	any sex offense as defined in r misdemeanor, or domestic If yes, provide the date of tion of the jurisdiction where
City of Parma. I also arrange to be conduct information revealed the employed by the City of the City of Parma to fin upon me and I further a from any and all liability made concerning my ethis application and/or Section 149.43 of the	the laws and police expressly authors ted a criminal bactory this investigation of Parma. I further domeineligible to agree to hold the Control which may arised ligibility. I further investigation rep	rize and permit the (ackground investigation may result in my runderstand and agre participate as describe City of Parma, its emp e as a result of this invented understand that the resort shall be subject to de.	esources Department of the City of Parma to conduct or on and understand that any being ineligible to become se that any decision made by sed above is final and binding loyees and agents harmless vestigation and any decision elease of any information on the provision contained in
Signature		Date	_