

**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 City State Zip

DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____

Have you ever been convicted of or found guilty of a felony, any sex offense as defined in Chapter 2907 of the Ohio Revised Code whether a felony or misdemeanor, or domestic violence as defined in Chapter 2919.25 Section A or B? If yes, provide the date of conviction, description of the offense and the name and location of the jurisdiction where the offense was committed:

AGREEMENT

I agree to abide by all the laws and policies of the Human Resources Department of the City of Parma. I also expressly authorize and permit the City of Parma to conduct or arrange to be conducted a criminal background investigation and understand that any information revealed by this investigation may result in my being ineligible to become employed by the City of Parma. I further understand and agree that any decision made by the City of Parma to find me ineligible to participate as described above is final and binding upon me and I further agree to hold the City of Parma, its employees and agents harmless from any and all liability which may arise as a result of this investigation and any decision made concerning my eligibility. I further understand that the release of any information on this application and/or investigation report shall be subject to the provision contained in Section 149.43 of the Ohio Revised Code.

Signature

Date