

**WAIVER AND RELEASE OF ALL CLAIMS AND OF RIGHT TO INSPECT EMPLOYMENT BACKGROUND INVESTIGATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ am an applicant for a position with the City of Paragould. The City of Paragould 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 the public's interest that all relevant information concerning my personal and employment history be disclosed to the City of Paragould.

I hereby authorize the city or its authorized representative to check any of my information including, but not limited to, criminal history, credit standing, and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release to the city or its authorized representative any and all employment records and other information about my employment or background. I hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that the information will be used for the purpose of evaluating my application for employment with the city.

For and in consideration of the City of Paragould's acceptance and processing of my application for employment, I agree to hold the City of Paragould, its authorized representatives 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 Paragould. I understand that should information of a serious criminal nature surface as a result of this investigation 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 Paragould in conjunction with employment procedures.

Understanding that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release and forever relinquish any right I might otherwise have pursuant to the Arkansas Freedom of Information Act, the Federal Freedom of Information Act, or any other present or future laws granting me a right to inspect the information and records collected as a part of this background investigation. If any portion of this release and waiver is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs, and legal representative, and any and all successors and assigns, are bound by the terms of this Waiver and Release of All Claims. Further, in consideration of my application for employment, I hereby waive any and all statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary actions.

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.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Affidavit, I, \_\_\_\_\_, being duly sworn, deposes and says as follows: I am the person who executed the above authorization; I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

\_\_\_\_\_  
Applicant Signature

**Do Not Write Below This Line**

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**SUBSCRIBED AND SWORN** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_