

**RELEASE OF INFORMATION**

I authorize the City of Warren to make such investigation and inquiries of my personal, previous employment, financial or medical history and other related matters they deem necessary for consideration of my application of employment.

I release employers, schools or persons from all liability in responding to inquiries regarding my application.

Provide any additional names you have used to check your record.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

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**NOTIFICATION OPTION**

The Human Resources Department will need to contact you regarding the next steps in the recruitment process. Please indicate (X) which one of the two methods you would like to be contacted:

Certified mail \_\_\_\_\_ OR Email \_\_\_\_\_

Clearly print email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Applicant