

CITY OF GOODVIEW
INFORMED CONSENT FORM
4140 FIFTH STREET
GOODVIEW, MN 55987
507-452-1630 (City Hall)
507-452-1500 (Police Dept.)

The following named individual has made application with the City of Goodview for:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (Full) (please print): _____

Maiden, Alias, or Former (please print): _____

Date of Birth (MM/DD/YY): _____ Sex (M or F): _____

My signature authorizes The Goodview Police Department and its agents to search my driving record, obtain transcripts from educational institutions to verify credits and/or degrees and gather other information to complete a criminal background check. I also authorize release of information from personal references.

I hereby expressly authorize the collection, use, and release of any and all information concerning me, which relates to my employment. I hereby release the City of Goodview-Police Department, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

This Informed Consent Form was executed and acknowledged before me on the _____ day of _____, 20__.

Notary Public