

RELEASE AND WAIVER OF LIABILITY

In cooperation with the City of El Cajon in their investigation of the background of prospective employees, I hereby request and authorize my references, previous employers and present employer to provide any information you may have concerning me including, but not limited to information of a confidential or negative nature. I hereby release all Parties from any and all liability for damages that may result from furnishing such information, as well as from the use of, or disclosure of such information by the City of El Cajon to its officers and agents. I understand that any information furnished to the City of El Cajon as a result of this request and authorization shall remain confidential and will be used solely to evaluate my prospective employment with the City of El Cajon.

Printed Name of Applicant

Applicant Signature

Date of Birth

Social Security Number

Date

