



(Use this form for age 18 years old and older)

Parks & Recreation Department
1401-11th Ave North
Clinton, IA 52732

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION INCLUDING:
EDUCATIONAL VERIFICATION, BACKGROUND INFORMATION,
CRIMINAL ARREST HISTORY, SEX OFFENDER REGISTRY, CHILD ABUSE REGISTRY,
DEPENDENT ADULT REGISTRY AND D.O.T. DRIVING RECORDS

1-2017

You are hereby authorized to give to the Parks & Recreation Department of the City of Clinton, Iowa, or their appointed agent or agents, any information considered by you to be confidential, which you have personal knowledge of, or is contained in files and records maintained by you, concerning my records as listed above.

"YES" answers to the following three (3) questions will not necessarily result in denial of acceptance of application. The City will consider all the circumstances, including the date and nature of events that led to the actions described below.

A. CRIMINAL OR CIVIL CHARGES: Have you ever been convicted of, admitted committing, pleaded no contest or are you awaiting trial for any crime (excluding only minor traffic violations that do not involve any allegations of alcohol, drugs or reckless driving) or have any civil charges filed against you previously or currently pending involving allegations of child abuse or spousal abuse?

No Yes If yes, attach a separate sheet for explanation.

B. EMPLOYMENT DISMISSAL OR TERMINATION: Have you ever been dismissed, fired or terminated from any job or resigned at the request of or pressure from your employer or left employment while charges or an investigation of your behavior was pending or have you been refused tenure, reappointment or a contract from any employer?

No Yes If yes, attach a separate sheet for explanation.

C. LICENSE/CERTIFICATION REVOKED: Have you ever had any license or certificate of any kind (teaching license or other professional license) revoked, suspended or reprimanded or have you in any way been sanctioned or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private?

No Yes If yes, attach a separate sheet for explanation.

VERIFICATION STATEMENT

I hereby certify that the information in this Application is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application.

I also understand and acknowledge:

- 1. Any misrepresentation or omission of any fact whenever discovered in my application, this background check, &/or any other materials or during any interviews, may be the cause for the rejection of my application or may result in my subsequent immediate dismissal.
2. The statements on this document will become part of my permanent record.
3. An acceptance of my application is conditioned upon the completion of a satisfactory background check.
4. With my signature on this document I give permission to the City of Clinton to conduct this background information process.

OFFICE USE: Sent by Date Return date By

PRINTED NAME

Position(s) Applied For

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

GENDER male female

RACE

MARITAL STATUS single married

SIGNATURE OF APPLICANT

DATE

WITNESS