

**CITY OF MENOMINEE, MICHIGAN  
APPLICANT AUTHORITY TO RELEASE INFORMATION**

I hereby authorize the City of Menominee, Michigan and its employees, agents, council members, officers, and all of my former and current employers, educational institutions, military entities, references I have provided, and all other personnel that the city wishes to speak to or obtain documents from, to release to the City of Menominee, Michigan, any and all information concerning me, my performance and work record, academic and or military experience, and do forever release, waive, and hold those individuals and entities harmless from any and all liability and damages for releasing or using information concerning me, my performance record and work, academic and/or work experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the City of Menominee, Michigan or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I hereby give my permission for authorized agents of the City of Menominee to conduct an investigation of my background, including education, employment, military experience, credit, reputation, and any other factors which such agents may deem proper and necessary subjects of investigation, in order to properly assess my character and background in connection with my application for employment with the City of Menominee, Michigan.

I also understand that the City of Menominee, Michigan may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search of me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the City of Menominee, Michigan. I further hereby release the individual or entity conducting the search, the City of Menominee, Michigan, and its employees, councilmembers, officers and agents, from any and all liability, claims, and damages, including, but not limited to, claims from releasing or using information revealed as a result of this search. I also understand, agree and acknowledge that false information provided by me or criminal convictions may result in disqualification from employment with the City of Menominee, Michigan, or in dismissal from employment if an offer of employment has been made and accepted.

I am aware that information obtained in the above referenced investigation(s) may establish grounds for rejection of my application for employment. Nevertheless, and notwithstanding such knowledge and understanding on my part, I expressly stipulate and agree to release, discharge, indemnify, and forever hold harmless the City of Menominee, Michigan, its agents, servants, and employees of and from all claims, demands, damages, actions, or causes of action of any kind or nature whatsoever, now existing or which may hereafter, at any time, be made or brought against the City of Menominee, Michigan, its assigns, agents, servants, councilmembers, officers, employees, or the City of Menominee, Michigan, or its assigns, agents, servants, or employees as a result of such investigation(s) or rejection, or any related activities or matters.

A photocopy of the release and authorization shall be as valid as the original.

Applicant's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public Signature: \_\_\_\_\_ Notary Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_ County of \_\_\_\_\_  
Acting in the County of: \_\_\_\_\_  
Notary Address: \_\_\_\_\_