CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
CITY OF NEW HAVEN

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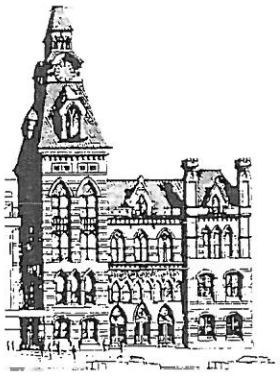

JOHN DeSTEFANO, JR.
MAYOR

STEPHEN J. LIBRANDI
ACTING DIRECTOR of
HUMAN RESOURCES

RELEASE OF INFORMATION

Print Last Name _____ Print First Name _____ Print Middle Initial _____

Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

I expressly authorize the City of New Haven to contact any of my prior employers or references listed on my City of New Haven Application for Employment attached to this Release (the "Application"), to conduct other background checks necessary for the purpose of verifying all information provided on the Application.

I understand that previous conviction is not necessarily disqualifying and expressly authorize the City of New Haven to conduct a background check of my criminal history, if any. I also agree to execute as a condition of employment or continued employment any additional written authorizations necessary for the City of New Haven to obtain access to and copies of records pertaining to this information.

I understand that should the City of New Haven decide to retract a conditional offer of employment based on a background check of my criminal history, I will have the opportunity to rebut said decision by providing written information concerning the circumstances and events relating to any criminal conviction. Information provided should relate to those factors significant to the City's decision making, which are set forth in Section 2-852(d) of the New Haven Code of Ordinances, a copy of which is available upon request.

With regards to the foregoing disclosures, I expressly agree to release all of those prior employers, the City of New Haven, and any other person, company or entity from any cause of action or from any liability that may arise from supplying the City of New Haven with information it may request pursuant to this Release. I understand that any false answers or statements, or misrepresentations by omission, made by me on the Application or any related document may be sufficient for rejection of my Application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant's Signature _____ Date _____

Position Applied For _____ Department _____