



INVESTIGATION AUTHORIZATION

(Required)

To Whom It May Concern:

I respectfully request and authorize you to furnish the City of Marble Falls any and all information that you may have concerning me, my work record, school record, my reputation, criminal history, and/or driving record. This includes any and all records maintained by law enforcement agencies that pertain to me and are accessible by law upon my release. This information is to be used to assist the City of Marble Falls in determining my qualifications and fitness for the position in which I am seeking. I further authorize, if accepted for employment, the City of Marble Falls to periodically have the right to investigate my driving record or reputation in any manner during my tenure of employment with the City of Marble Falls.

I hereby release you, your organization, the City of Marble Falls, and others from any liability or damage, which may result from furnishing the information requested above.

DATE: _____ SIGNED: _____

PRINTED NAME: _____
(Last, First, Middle)

SEX: (M or F) _____ RACE: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

PLEASE LIST ALL ADDRESSES FOR WHERE YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS.

1. _____
2. _____
3. _____
4. _____
5. _____