



HUMAN RESOURCES DEPARTMENT WAIVER OF CONFIDENTIAL RECORDS

Rev: 3 | Date: 10/13/2020 | Print Date: 10/13/2020

CITY OF FORT LAUDERDALE

NAME: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DATE OF BIRTH: _____ JOB CLASS: _____

Permission is hereby given any agency of the government of the United States any municipal corporation or political subdivision of this State, or any other State agency or department Hereof, and any other agency, person, firm or corporation holding records considered confidential concerning me, to furnish to the City of Fort Lauderdale all information and copies thereof desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me, or in possession of information concerning me, to supply such information to the City of Fort Lauderdale.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on-the job performance, complete history of injuries suffered including disability remaining, educational records, or any other personal information which may not otherwise be obtained without my prior agreement.

Signature _____ Date _____

I understand that if I have been selected for employment in the above job class and finalization of that employment is dependent upon the verification of my present employer/employment, I hereby permit the City of Fort Lauderdale to contact my present employer for verification and work reference.

Signature _____ Date _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____

by _____ (SEAL)

Notary Public

(SEAL)

Personally known _____ or Produced Identification _____

Type of Identification Produced _____

