

Town of Montville, Connecticut

Candidate for Employment--Authorization of Release of Personal Information

I, _____, currently residing at _____
Name of Applicant Street, City, Zip

accept this conditional offer of employment with the Town of Montville as _____ that will be secured upon satisfactory completion of a post-offer physical, drug screening, and background check. I hereby authorize full disclosure of all records or any part thereof, and/or personal knowledge concerning myself to a duly authorized agent of the Montville Police Department, whether said records are of a public, private or confidential nature. Medical records are hereby released to the Town , including medical information. Further, I understand that I will be fingerprinted as part of this background investigation.

Additionally, by signing this document, I am authorizing the release of my medical information necessary for the determination of my fitness for the position with the understanding that said medical information will be kept in a locked cabinet with access restricted solely to Human Resources personnel, namely the Mayor and the Human Resources Manager.

I understand that information obtained from this background investigation will be considered in the determination of my eligibility for continued probationary employment by the Town of Montville, and hold the Town harmless in this endeavor.

I understand that the obtained information is strictly for the use of the Mayor and the candidate's departmental supervisor and hereby hold any bureau, agency, or persons providing or receiving said information harmless of any civil liability.

Date Applicant

Date Manager of Human Resources

Date of Birth Driver's License No.& State Social Security No.