

WALES GENESEE FIRE DEPARTMENT

AUTHORIZATION & RELEASE

NAME: _____
Please print

ADDRESS: _____
Street address city state zip code

Hereby authorizes the Wales Genesee Fire Department or its agents or representatives to solicit any information, or opinions, verbal or written, pertaining to the undersigned.

This authorization and release allows the Wales Genesee Fire Department to investigate all statements and information contained within the application for employment. This authorization also allows the Wales Genesee Fire Department to contact the following persons including but not limited to any law enforcement agency, any Local, State, or Federal governmental agency, and the U.S. Armed Forces.

This authorization and release allows the Wales Genesee Fire Department to investigate driver's license background check through the department's insurance company.

Furthermore, the Wales Genesee Fire Department may contact any person, school, current and past employer and organization to provide relevant information and opinions in order to make hiring decisions.

A copy of this authorization shall constitute an original when it is signed by the undersigned.

This authorization shall be effective for six (6) months following the date of execution.

Date: _____

Signature of applicant

Witnessed by: _____
Print name of witness

Signature of witness