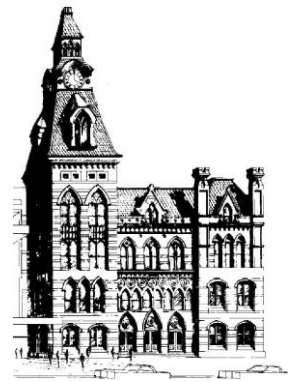




**CITY OF NEW HAVEN**  
**DEPARTMENT OF HUMAN RESOURCES**  
**CITY OF NEW HAVEN**

200 Orange Street, New Haven, CT 06510  
 (203) 946-8252  
 (203) 946-7166 fax  
[www.newhavenct.gov](http://www.newhavenct.gov)



**RELEASE OF INFORMATION**

Print Last Name \_\_\_\_\_ Print First Name \_\_\_\_\_ Print Middle Initial \_\_\_\_\_

XX - XXX - \_\_\_\_\_  
 Social Security Number (last 4 digits only) \_\_\_\_\_ 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 (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 \_\_\_\_\_