

RELEASE FOR BACKGROUND INFORMATION

YOUNGSTOWN CIVIL SERVICE COMMISSION

26 SOUTH PHELPS STREET, CITY HALL 7TH FLOOR
YOUNGSTOWN, OHIO 44503

I, _____, hereby authorize the **Youngstown Civil Service Commission** and/or its agents to conduct an independent background investigation.

I release the **Youngstown Civil Service Commission** and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above reference sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full Name: _____
(Last) (First) (Middle)

Maiden Name or Other Names Used: _____

Present Street Address (No P.O. Boxes): _____

(City) (State) (Zip Code) (How Long?)

Former Street Address (No P.O. Boxes): _____

(City) (State) (Zip Code) (How Long?)

(Date of Birth) (Social Security Number)

(Driver's License Number) (State of License)

(Signature) (Date)

NOTICE:

This form must be completed and returned with the application form. Failure to do so will eliminate you from employment consideration.