

**CITY OF RIPON**

**BACKGROUND INFORMATION DISCLOSURE**

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

List any former names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_  
(mm/dd/yyyy)

Social Security No. (optional): \_\_\_\_\_

*Although providing your Social Security Number is optional, please be aware that this number is one of the unique identifiers used to prevent incorrect matches.*

I hereby confirm the accuracy of the information provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BACKGROUND REFERENCE CHECK  
AUTHORIZATION AND WAIVER**

I authorize any person contacted to provide the City of Ripon any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not limited to, application of employment, performance evaluations, work records, excluding workers compensation, if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Ripon to request employment records from my present and/or former employer(s). I release and hold harmless the City of Ripon, their officers, agents, and employees, and the person(s) providing the information from any liability related to the providing of this information.

I authorize the City of Ripon, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Ripon, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or results of this check. I recognize that this information will be considered by the City of Ripon only if it substantially relates to the position applied for.

By signing your name and dating this authorization, you are granting the City of Ripon permission to do the above background checks and releasing the City of Ripon from any liability related to these background checks.

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Signature

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Date