

**Western Cass Fire Protection District
Information Release Waiver and Indemnity**

I, the undersigned applicant, hereby authorizes the Western Cass Fire Protection District, hereinafter known as the "District", and its agents to investigate the truthfulness of all statements made on any employment application, resume, and other attachments, including contacting references and former employers, confirming educational attainments, reviewing motor vehicle driving records, verifying my credit profile and reviewing any criminal justice records for criminal convictions that relate to me, and to discuss the results of such review with the District employees involved in the employment process.

I give consent for all contacted persons to provide information concerning my application, and I release such persons from liability for providing information to the District and their agents. If I am a former District employee applying for re-employment, I authorize access to and review of my personnel file while employed by the District.

I release, promise to hold harmless, and covenant not to sue the District based on its attempts to obtain any of the above information. I release, promise to hold harmless, and covenant not to sue providers of said information based on the disclosure of such information to the District.

In the event any information obtained from a consumer reporting agency is wholly or in part the basis for the District's decision not to hire me and for the rescission of an offer of employment, I understand that the District will advise me of the name and address of the consumer reporting agency providing the information to the District. A "consumer reporting agency" is an entity, which assembles and evaluates information on individuals for the purpose of furnishing "consumer reports" to third parties.

Print Your Current Name

Other Names Known By

Current Address (Street, City, State and Zip Code)

I have lived less than 2 years at the address above (attach a list of addresses for the last 7 years)

Driver's License Number: _____ State: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Applicant
Signature: _____ Date: ____/____/____

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REVISION HISTORY

| Revision Date | Author | Revision Details |
|----------------|-------------|------------------|
| April 11, 2022 | Monte Olsen | Initial version |