

CITY OF SPOONER
WAIVER AND RELEASE

I hereby authorize The City of Spooner, Wisconsin, and any third party designated by The City of Spooner to conduct a background investigation and make inquiries regarding the accuracy of the information submitted on my application, during the application review process, in my resume or transmitted by me in any other manner to The City of Spooner.

I hereby release The City of Spooner, and any third party designated by them, along with all persons, companies and organizations from all claims and liabilities of any nature arising from such investigation or information given.

This release includes, but is not limited to: current and former employers, supervisors, co-workers, schools, colleges and universities, financial institutions, banks, credit reporting agencies, current and former neighbors, associates, references, law enforcement agencies and any other organizations that maintain records of contacts with law enforcement agencies and dispositions related to those contacts.

Any questions regarding the use of this “Waiver and Release” can be addressed by contacting: Krista Lyons-Hartwig, City of Spooner, 515 North Summit Street, Spooner, WI 54801, telephone 715-635-8769, or by email klyons@cityofspooner.org.

Full Legal Name (Print First, Middle, Last Name)

Signature

Date

Social Security Number

Driver’s License State and Number

Date of Birth

Telephone (area code + number)

Street/Mailing Address

City

State

Zip Code

Witness

Date