



**CITY OF COOS BAY
APPLICATION FOR EMPLOYMENT**

500 Central Avenue – Coos Bay – Oregon 97420
541-269-8912

AUTHORIZATION FOR RELEASE INFORMATION

To Whom It May Concern

I respectfully request and authorize you to furnish the City of Coos Bay with any and all information that you may have concerning me, my employment, and educational records.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Authorization is hereby granted to the City of Coos Bay, Coos Bay Police Department, and/or any law enforcement agency to conduct a background check for the purpose of providing necessary clearance to participate in activities with the above organization. I acknowledge that the results of the background check will be kept confidential and only made available to the requesting agency.

Print Name

Signature

Date