



**AUTHORIZATION FOR LOCAL, STATE OR FEDERAL GOVERNMENT TO RELEASE INFORMATION TO MONTGOMERY COUNTY GOVERNMENT**

I \_\_\_\_\_, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 552 a(supp.IV, 1974), and authorize the disclosure of any and all information maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing to Montgomery County Government or its designated representative. I hereby waive any rights I may have under the Privacy Act prior notice of such disclosure or any rights I may have to an accounting of such disclosure.

I understand that this consent will be used by Montgomery County Government to request disclosure of information pertaining to me from any or all Local, State or Federal agencies. I understand that the scope of the information may include, but is not limited to the following areas; verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records and any other public records.

This information is to be obtained for the purpose of conducting a pre-employment background investigation. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Name (please print): \_\_\_\_\_

Aliases (maiden name &/or other names used): \_\_\_\_\_

Current Address (street, city, state, zip, county, number of years at address): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in.

Weight: \_\_\_\_\_ lbs. Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

**Warning to Applicants:** By your signature you are certifying that the information you have provided is truthful and complete. Falsification of information can result in denial of employment or termination of employment once disclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date

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