

CITY OF FLORISSANT HUMAN RESOURCES DEPARTMENT 1055 RUE ST. FRANCOIS ST. FLORISSANT, MO 63031

RELEASE FOR CRIMINAL & DRIVING RECORDS

In connection with my application for employment with the City of Florissant, I hereby authorize the City of Florissant to obtain information and records concerning any previous felony convictions & drivers license history & status. I hereby release any person or entity providing such informational records from any and all liability for damages arising from furnishing the requested information. I also agree to complete any separate form(s) required by the agency or entity conducting the criminal & driver records check. Such information will be used by the agency or entity to ensure the accuracy of the criminal & driver's record information sought. (Completion of this form is voluntary when submitting application but if offer of employment is made, the data requested below will be required.)

Print Name	
riiit Nam	е
Date of Bir	th
Social Secu	ırity Number
Driver's Li	icense Number
Daytime Pl	hone Number
Signature	(No electronic signature allowed)
Date	