

*Town of North Topsail Beach*



**EXCLUSIVE AUTHORIZATION FOR RELEASE OF PERSONAL  
INFORMATION ASSOCIATED WITH AN APPLICATION FOR  
EMPLOYMENT WITH THE TOWN OF NORTH TOPSAIL BEACH,  
NORTH CAROLINA**

**To whom it may concern:**

I am an applicant for a position with the Town of North Topsail Beach, North Carolina. In order to determine my suitability for employment, I understand that the Town of North Topsail Beach must make a thorough and complete investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and past employment history be disclosed to the Town.

Therefore, I, \_\_\_\_\_,

SSN \_\_\_\_\_,

D.O.B. \_\_\_\_\_, Driver's

License (state and number): \_\_\_\_\_,

do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or health care professional, including mental health, alcohol treatment center, hospital, or repository of medical records, insurance company, governmental agency, criminal and civil courts, certification or licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to an authorized agent for the Town of North Topsail Beach regarding myself whether of a privileged or confidential nature.

I hereby release the Town of North Topsail Beach, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my potential employment with the Town.

I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of any kind, which may result because of compliance with this authorization and request.

I further waive all rights to inspect or review any information compiled in reference to my application for employment as may be allowed by law.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is the later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant (printed name):

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Applicant (signature):

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Address:

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Telephone number:

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NOTARY (required)

SUBSCRIBED AND SWORN TO BEFORE ME,  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

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NOTARY PUBLIC SIGNATURE AND SEAL (STATE)

MAY COMMISSION EXPIRES: \_\_\_\_\_

fwc  
10/1/8