

**CITY OF PITTSBURGH**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**PART I. APPLICANT COMPLETES**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Position: \_\_\_\_\_  
(Please Print)

Social Security Number: \_\_\_\_\_ Former Name: \_\_\_\_\_

**PART II. DEPARTMENT OF PERSONNEL USE ONLY**

School/Employer (Circle one): \_\_\_\_\_

Attendance/Employment Dates (Circle one): \_\_\_\_\_

**PART III. SCHOOL/EMPLOYER USE ONLY**

A. Dates of attendance/employment: From \_\_\_\_\_ To \_\_\_\_\_

B. If Employer:

• Current or most recent position: \_\_\_\_\_

• If this individual is no longer employed by your company, please state reason for termination:

\_\_\_\_\_  
\_\_\_\_\_

• Is this individual eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please state reason: \_\_\_\_\_

\_\_\_\_\_

• Please assess this individual's work performance in the following areas and indicate your evaluation in the appropriate space.

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Information Not Available Or Does Not Apply</u>
1) Attitude toward work	_____	_____	_____	_____
2) Relationship with peers	_____	_____	_____	_____
3) Relationship with superiors	_____	_____	_____	_____
4) Quality of work	_____	_____	_____	_____
5) Quantity of work	_____	_____	_____	_____
6) Overall performance	_____	_____	_____	_____

C. While in your charge, have there been any disciplinary actions regarding this individual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state reason(s): \_\_\_\_\_

\_\_\_\_\_

Please Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/School: \_\_\_\_\_

# City of Pittsburgh



Pennsylvania

## CITY OF PITTSBURGH

### AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize the release of any and all information to the City of Pittsburgh, from any person, agency, entity, corporation, business, or institution that they deem necessary. I authorize the release of any and all information including, but not limited to: employment records, attendance records, educational records, transcripts, and personal records (including information regarding my character and general reputation), etc. I also release all persons, agencies, entities, corporations, businesses, and/or institutions from any liability which could result from furnishing this information to the City of Pittsburgh, or its designated representative.

I further authorize the City of Pittsburgh or its designated representative to photocopy, or otherwise reproduce this original document, and to let such copy act as the original instrument.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PLEASE COMPLETE THE APPROPRIATE SECTION ON THE  
REVERSE SIDE OF THIS DOCUMENT**

Date Revised: 8/2001