

AUTHORIZATION TO RELEASE INFORMATION

Responses required for all fields. If a field does NOT apply, enter N/A.

FROM: _____
(APPLICANT'S FULL NAME – FIRST, MIDDLE, LAST)

List:
Current Employer _____

Phone # _____

Email _____

Former Employer _____

Employed from _____ to _____
(Beginning date) (Ending date)

Phone # _____

Email _____

In connection with my application to seek employment with CAL FIRE, I hereby request and authorize a representative of CAL FIRE to review any and all personnel records in the possession, custody, or control of the employer listed above.

Any information obtained through this release is to be kept confidential by CAL FIRE.

APPLICANT SIGNATURE: _____

DATE: _____

NOTE: The original, signed form is submitted to the Applicant's personnel office by the CAL FIRE representative. A signed copy of this release shall deem it to be as valid as the original signed release.

Applicants must submit this completed form along with all required documents listed in the job announcement in order to be considered for employment.

AN EQUAL OPPORTUNITY EMPLOYER