

AUTHORIZATION TO RELEASE STATE EMPLOYMENT 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 _____

Current Employer/Supervisor Phone # _____

Current Supervisor Email _____

Former Employer _____

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

Former Employer/Supervisor Phone # _____

Former Supervisor 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, including any applicable leave balances and employment history [Personnel/Payroll Information Management System (PIMS)] printouts..

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