

## 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**