

## 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.

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

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**AN EQUAL OPPORTUNITY EMPLOYER**