



Release Authorization and Fair Credit Reporting Act Disclosure Notice
Important: Please Read Carefully Before Signing This Form

This is to notify you that in connection with your application for Police and/or Fire Department employment, the City of Wixom may procure a consumer report and/or investigative consumer report that includes information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle and driving histories, mode of living, and/or credit and indebtedness. This information may be used in connection with your application for and/or continued employment with the City of Wixom should you be hired. **The City of Wixom may obtain a consumer report and/or an investigative consumer report at any time during your employment application process or during your employment with the City of Wixom should you be hired.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. If desired and upon a timely written request to Wixom Police and/or Wixom Fire Department Administration depending on the department of application, the name, address, and phone number of the agency and the nature and scope of the investigative consumer report will be disclosed to you within five (5) days of your request.

In the event that information from the report is utilized in whole or part in making an adverse decision concerning your Police and/or Fire Department employment application or your continued employment should you be hired, and before making that adverse decision, the City of Wixom will automatically provide you with a copy of that consumer report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By my signature below, I authorize and request, without any reservations, any present or former employer, school, police department, fire department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge of me to furnish to the City of Wixom and any of its representatives, any and all background information in their possession regarding me, in order that the City of Wixom may evaluate my qualifications and suitability for employment or continuing employment. Furthermore, I acknowledge that my authorization, as aforementioned, extends throughout any future employment that may occur with the City of Wixom and that the City of Wixom reserves the right to obtain consumer reports and/or investigative consumer reports at any time should I be hired as an employee.

By my signature below, I also acknowledge that I have read and understand this document and willingly and freely make this authorization, and that I have received a copy of my rights under the Fair Credit Reporting Act.

SIGNATURE		DATE
YOUR FULL NAME (Please Print)		
LAST	FIRST	MIDDLE
CITY	STATE	ZIP

THIS FORM MUST BE NOTARIZED WITH SEAL. YOU MAY HAVE IT NOTARIZED WHEREVER CONVENIENT. HOWEVER, YOU MAY HAVE IT NOTARIZED WITHOUT CHARGE AT THE CITY OF WIXOM. IF YOU CHOOSE TO HAVE THIS FORM NOTARIZED AT THE CITY OF WIXOM OFFICES, THEN YOU MUST CALL AND MAKE AN APPOINTMENT TO DO SO.

State of Michigan } ss.
 County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public Signature: _____

Notary Public Printed Name: _____

My Commission Expires: _____