



## Maryland Department of Transportation

### **Authorization for Release of Information**

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I (please print your name), \_\_\_\_\_, desire to obtain employment with the Maryland Department of Transportation (MDOT). By my signature below, I authorize MDOT to obtain and verify information contained in my application, resume and other job-related documents and to exchange information with personal and professional references with respect to my employment history and past performance.

I give my consent for full and complete disclosure of information about my background, job qualifications and credentials. This includes, but is not limited to, employment history, Social Security trace, academic records, professional license and certification checks, driving records, military records, criminal conviction records (FBI-national and state), and personal and/or professional references. If the position(s) for which I am applying requires a more thorough investigation as a condition of employment (for example, Federal security regulations), I agree to comply with and submit to all procedures and conditions as prescribed.

I understand MDOT may consider any information obtained as a factor in decisions it makes with respect to my eligibility for employment and understand the information shall be confidential and safeguarded for its intended purpose.

I further authorize MDOT to verify the information supplied on my behalf by other persons and release all persons, agencies, corporations and MDOT from all liabilities and any damages that may result in the furnishing of information.

I understand that failure to provide the following information and my signature on this authorization may result in my removal from consideration for the position(s). I am not, however, disqualified from applying for other MDOT positions.

I understand a photocopy or facsimile of my signed Authorization is valid as an original.

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**CANDIDATE TO COMPLETE THE FOLLOWING:**

Please **print** all information legibly.

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First Name(s)	Middle Name(s) <small>(no initials)</small>	Last Name(s)
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Other Names or Nicknames Used

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Social Security Number	Date of Birth
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Home Street Address	City, State, Postal Code
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Mailing Address	City, State, Postal Code
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Driver's License Number and State	Name as it Appears on License
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Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation?  
 No       Yes

If "yes," give details below: (date and location of occurrence, charge and disposition)

*(Note: A conviction will not automatically disqualify you from being considered for employment. However, omissions or falsified information may disqualify you from being considered for employment.)*

Contact Phone number(s): \_\_\_\_\_(home) \_\_\_\_\_(cell/other)

Contact email address:

Original to Human Resources  
(Attach the *Request for Background Investigation* before submitting to the investigator.)

cc:     Candidate  
       Investigator

June 14, 2013