



LOWER PAXTON TOWNSHIP

425 Prince Street
Harrisburg, PA 17109
(717) 657-5600

Authorization for Release for Background Inquiry

I, _____, having made application for employment with Lower Paxton Township, and understanding that I am not compelled to sign this authorization, desire Lower Paxton Township to be informed as to my background, credit rating, education, employment history, and character.

I hereby authorize Lower Paxton Township or any person or entity acting on its behalf, to investigate and ascertain any and all information concerning my background, education, employment history, credit rating and character which may pertain to my qualifications to be considered for employment with Lower Paxton Township. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or document. However, I do not authorize the production of medical records or other information which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history.

I hereby release Lower Paxton Township, any person or entity action on its behalf, and all other persons from any liability as a result of releasing information to any employee/official of Lower Paxton Township, or any person or entity acting on behalf. I further understand that in consideration for said release, Lower Paxton Township shall regard all information obtained as confidential and shall not release same to any person without my expressed, written consent.

Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Signature _____ Date _____

I, _____, having made application for employment with Lower Paxton Township expressly REFUSE to sign the authorization stated above. I further understand that if Lower Paxton Township is unable, through reasonable investigate methods, to obtain information that is necessary to evaluate my qualifications to be accepted for employment, I may be rejected for such employment.

Witness _____ Signature _____ Date _____