



**PRE-OFFER CANDIDATE INFORMATION RELEASE AUTHORIZATION**

As a candidate for employment with the City of Newark, I hereby authorize release of information regarding my past and present employment, education, and/or fitness for future employment. Such information may include, but not be limited to, employment and performance history, personal characteristics, qualifications, and academic achievements. If I am offered employment with the City, I understand that it may be conditioned upon my passing a medical examination, I hereby authorize release of physical and mental fitness history and records, and any records of work-related illness, injury or disability.

I understand that any misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of employment.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested by, and supplied to, an authorized representative of the City of Newark.

Copies of this document shall be considered originals and accepted accordingly.

**Candidate Name:** \_\_\_\_\_  
Please Type or Print

**Candidate Signature:** \_\_\_\_\_

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

**Candidate Social Security Number:** \_\_\_\_\_



**CANDIDATE REFERENCE FORM**

Please complete this form and return it immediately to the hiring department. Reference checks will be completed using both the information you provide on this form and your completed employment application.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Signature: \_\_\_\_\_

**Reference Information:** Please list three references that can provide information detailing your employment, personal, or educational history. Please do not list family members unless your family member is your employer (i.e. family-owned business). It is suggested that you list adult personal references that are supervisors, co-workers, teachers, counselors, neighbors, religious affiliations, volunteer organizations, etc.

**Reference 1: CURRENT EMPLOYER** (If the City of Newark will be your first employer, list a personal reference.)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name of Company: \_\_\_\_\_

**Monthly Compensation** (Please indicate all compensation and benefits paid by your employer)

Current Base Salary/Wage: \_\_\_\_\_ Contribution towards retirement: \_\_\_\_\_

Medical Insurance Premium: \_\_\_\_\_ Dental Insurance Premium: \_\_\_\_\_

Long/Short-Term Disability Premium: \_\_\_\_\_ Life Insurance Premium: \_\_\_\_\_

Social Security: \_\_\_\_\_ Other: \_\_\_\_\_

**Reference 2:** Name: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Reference 3:** Name: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Educational Information:** Please attach copy (s) of all post high school diploma (s) or certificate (s) identified below:

High School: \_\_\_\_\_ University/College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Obtained: \_\_\_\_\_