



625 N. 5<sup>TH</sup> STREET  
SPEARFISH, SD 57783

**Release and Waiver  
Employment Reference Release**

Employee's Name (Please Print): \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

I acknowledge that I have been informed that it is the City of Spearfish's general policy to disclose in response to a prospective employer's written request only the following information about current or former employees: (1) the dates of employment, (2) job title/classification, and (3) salary information.

By signing this release, I am voluntarily requesting that the City of Spearfish depart from this general policy in responding to reference requests from any prospective employer that may be considering me for employment. I authorize the City of Spearfish to disclose to such prospective employers any job performance information, including my reason(s) for leaving.

In exchange for the City of Spearfish's agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge the City of Spearfish employees, department heads, officers and elected officials for all claims, liabilities, and cause of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the City of Spearfish's disclosure of employment-related information to prospective employers. This release included, but is not limited to claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of choosing before signing this release and that I have decided to sign the release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between the City of Spearfish and me, and I acknowledge that I have not relied upon any representation or statements, written or oral, not set forth in this document.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

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

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