

**Hamilton County Public Health  
820 James Street  
Webster City, IA 50595  
Phone: (515) 832-9565  
Fax: (515) 832-9660**

Please list 3 references:

1. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION  
(Read carefully before signing)**

I hereby authorize the above named individuals to furnish information concerning me whether on record or not. I understand the information may be shared with the local Board of Health which is considering me for employment. I agree to release and hold harmless the above named individuals from liability for any damage whatsoever for issuing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_