

# CENTRAL POINT POLICE DEPARTMENT

## AUTHORITY FOR RELEASE OF INFORMATION



LAST NAME, FIRST NAME, MIDDLE NAME

SOCIAL SECURITY NUMBER (voluntary)

STREET ADDRESS

CITY, STATE, ZIP CODE

PLACE OF BIRTH: CITY, COUNTY, STATE, and COUNTRY

DATE OF BIRTH

POSITION APPLIED FOR

I, \_\_\_\_\_, have applied for a position with the Central Point Police Department and hereby authorize all of my current and/or former employers and those to whom I have applied for employment, the persons or organizations named in my employment application, supplemental personal history statement, and associated application material or referred by those named, including friends, relatives, neighbors, and other acquaintances, to provide a review of and full and complete disclosure of all information and records, or any part thereof, concerning myself, by and to any duly authorized agent of the Central Point Police Department, whether the said information and/or records are of public, private, or confidential nature. This release covers the following:

- educational records from any educational institutions
- financial and/or credit records, including records of deposits, withdrawals and balances of checking and savings accounts, loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings)
- public utility companies
- employment information and records including pre-employment records including background reports, efficiency ratings, complaints or grievances filed against me and all documentation related to such complaints, dates of employment, positions held, and applied for, attendance habits, relationship with others, attitude, character, integrity, conduct and performance, and salary records
- real and personal property tax statements and records, and other financial statements wherever filed
- medical and psychological records
- criminal history including records of complaint, arrest (which may or may not be relevant depending on all the circumstances), trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case which I presently have or have had an interest.
- character and integrity

I understand that information obtained from the personal background investigation will be considered in determining my suitability for employment and that if the city is unable to obtain information after providing a copy of this release, the city may, at its option, remove me from consideration for the position for which I have applied. I further understand that all materials pertaining to this background investigation become the property of the City of Central Point and will not be returned to me. I also waive any right I might have to review information compiled concerning me and authorize the Central Point Police Department to promise confidentiality to those who are contacted.

**I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS/HER AGENT AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST. I FURTHER UNDERSTAND THAT THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT BE REVEALED TO ME, AND REQUEST THAT ANYONE PRESENTED WITH A COPY OF THIS RELEASE CANDIDLY AND CONFIDENTLY ANSWER ANY QUESTION ASKED ABOUT ME BY A CENTRAL POINT POLICE DEPARTMENT REPRESENTATIVE.**

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release shall remain valid for twelve (12) months from the date I sign it.

Applicant's Signature

Date