

GAS CITY POLICE DEPARTMENT APPLICATION FOR POLICE OFFICER



POLICE OFFICER Application for position of: Date:

All information supplied in connection with your application will be held in strict confidence. No information will be released without your Waiver of Release

GENERAL INSTRUCTIONS: TYPE or PRINT an answer to every question. If additional space is needed, use a separate sheet and precede each answer with the number of the reference block.

IF HAND PRINTED USE

BLACK INK ONLY

DO NOT MISSTATE OR **OMIT** material fact since the statements made herein are subject to verification to determine your qualifications for employment.

1. PERSONAL INFORMA	TION					
LAST NAME	FIRST NA	ME	MIDDLE NAME	AGE		MALE FEMALE
ALIAS(es) or PREVIOUS NA	` ′	HOME TELEPHONE () -	CELL TELEPHONE () -	BUSINESS T	ELEPHONE	DATE OF BIRTH
STREET ADDRESS			•	CITY		STATE ZIP CODE
EMAIL ADDRESS						
ARE YOU LEGALLY QUAL	IFIED TO WOR	K IN THE UNITED STA	TES? YES	NO		
ARE YOU A UNITED STATE	ES CITIZEN OR	WILL YOU BE A UNIT	ED STATES CITIZEN BEF	ORE TIME OF AF	PPOINTMENT?	☐ YES ☐ NO
2. RELATIVES List all information on the follow residence at year of death.	ing relatives, inclu	ding maiden names where	applicable. <u>Note:</u> Even if a rela	tive is deceased, plea	se give all informa	ation requested and indicate last
Father FULL NAME	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Mother Maiden Name	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Step Mother or Father	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS	1	EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Brothers, Step or Half Brothers	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER
	/ /	() -	CITY	STATE	ZIP CODE	OCCUPATION
Sisters, Step or Half Sisters	DATE OF BIRTI	H HOME TELEPHONE		ADDRESS		EMPLOYER

				()						
Additional relative										
NAME/RELATION	ISHIP:	DAT	TE OF BIRTH	HOME TELEPHONE		ADDR	RESS		EMPLO	OYER
			/ /		CITY		STATE	ZIP CODE	OCCUP.	ATION
				() -						
NAME/RELATION	ISHIP:	DAT	TE OF BIRTH	HOME TELEPHONE		ADDR	RESS	I	EMPLO	OYER
			/ /		CITY		CT A TE	ZID CODE	OCCUR	ATION
			/ /	() -	CITY		STATE	ZIP CODE	OCCUP.	ATION
NAME/RELATION	ISHIP:	DAT	TE OF BIRTH	HOME TELEPHONE		ADDR	RESS		EMPLO	OYER
			/ /	()	CITY		STATE	ZIP CODE	OCCUP.	ATION
				() -						
NAME/RELATION	ISHIP:	DAT	TE OF BIRTH	HOME TELEPHONE		ADDR	RESS		EMPLO	JYER
			/ /		CITY		STATE	ZIP CODE	OCCUP.	ATION
				() -						
NAME/RELATION	ISHIP:	DAT	TE OF BIRTH	HOME TELEPHONE		ADDR	RESS		EMPLO	OYER
			/ /		CITY		STATE	ZIP CODE	OCCUP.	ATION
			, ,	() -	CITT		SIAIL	Zii CODE	OCCO!	ATION
				<u> </u>						
3. RESIDENC	ES									
		n (10) y	ears, beginning	g with your present address	(include duty station	ns if in service	and/or dormit	ories when in coll	ege).	
MONTH A FROM	ND YEAR TO			STREET AND NUMBER	t	i	CITY		ZIP CODE	STATE OR COUNTRY
TROW	10									COCIVILLI
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CITY

STATE

ZIP CODE

OCCUPATION

Begin with your most ALSO)		ment, including pa	rt-time, temporary or	seasonal, and all periods of unemploymen	t. (LIST PERIODS AS A STUDENT
Are you currently unen	nployed? YES NO	If YES, since wha	at date? / /		
May we contact your p	resent and past employers? YES	□ NO	If NO, exp	olain:	
START DATE / /	BUSINESS NAME	(TELEPHONE	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS	S ADDRESS	,	DESCRIPTION OF DU	JTIES PERFORMED
HOURLY PAY \$.	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME	(TELEPHONE) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS	S ADDRESS	,	DESCRIPTION OF DU	JTIES PERFORMED
HOURLY PAY \$.	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
START DATE / /	BUSINESS NAME		TELEPHONE) -	REASON FOR LEAVING	JOB TITLE
END DATE / /	BUSINESS	S ADDRESS		DESCRIPTION OF DU	JTIES PERFORMED
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END DATE / /	BUSINESS	S ADDRESS		DESCRIPTION OF DU	JTIES PERFORMED
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END DATE	BUSINESS	S ADDRESS	,	DESCRIPTION OF DU	JTIES PERFORMED
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END DATE	BUSINESS	S ADDRESS	,	DESCRIPTION OF DU	JTIES PERFORMED
HOURLY PAY	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
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/ / END DATE	BUSINESS	S ADDRESS) -	DESCRIPTION OF DU	UTIES PERFORMED
/ / HOURLY PAY	CITY	STATE	ZIP CODE	NAME OF SUPERVISOR	NAME OF CO-WORKER
\$. START DATE	BUSINESS NAME	<u> </u>	TELEPHONE	REASON FOR LEAVING	JOB TITLE

/ /				()	-			
END DATE / /		BUSINESS	ADDRESS				DES	SCRIPTION OF DU	TIES PERFORMED
HOURLY PAY	CITY		STATE		ZIP	CODE	NAME OF SUPI	ERVISOR	NAME OF CO-WORKER
START DATE / /	BUSI	NESS NAME		(TELEPH	ONE -	REASON FOR I	LEAVING	JOB TITLE
END DATE		BUSINESS	ADDRESS				DES	SCRIPTION OF DU	TIES PERFORMED
HOURLY PAY	CITY		STATE		ZIP	CODE	NAME OF SUPI	ERVISOR	NAME OF CO-WORKER
START DATE	BUSI	NESS NAME		(TELEPH	ONE -	REASON FOR I	LEAVING	JOB TITLE
END DATE		BUSINESS	ADDRESS		<u>) </u>		DES	SCRIPTION OF DU	TIES PERFORMED
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START DATE	BUSI	NESS NAME		(TELEPH	ONE -	REASON FOR I	LEAVING	JOB TITLE
END DATE / /		BUSINESS	ADDRESS				DES	SCRIPTION OF DUT	TIES PERFORMED
HOURLY PAY	CITY		STATE		ZIP	CODE	NAME OF SUPI	ERVISOR	NAME OF CO-WORKER
START DATE / /	BUSI	NESS NAME		(TELEPH	ONE -	REASON FOR I	LEAVING	JOB TITLE
END DATE		BUSINESS	ADDRESS				DES	SCRIPTION OF DU	TIES PERFORMED
HOURLY PAY	CITY		STATE		ZIP	CODE	NAME OF SUPI	ERVISOR	NAME OF CO-WORKER
START DATE / /	BUSI	NESS NAME		(TELEPH	ONE -	REASON FOR I	LEAVING	JOB TITLE
END DATE / /		BUSINESS	ADDRESS				DES	SCRIPTION OF DU	TIES PERFORMED
HOURLY PAY	CITY		STATE		ZIP	CODE	NAME OF SUPI	ERVISOR	NAME OF CO-WORKER
START DATE / /	BUSI	NESS NAME		(TELEPH	ONE -	REASON FOR I	LEAVING	JOB TITLE
END DATE / /		BUSINESS	ADDRESS				DES	SCRIPTION OF DU	TIES PERFORMED
HOURLY PAY	CITY		STATE		ZIP	CODE	NAME OF SUPI	ERVISOR	NAME OF CO-WORKER
5. EMPLOYMEN	discharged (fired), a						or cause, or subjected	to disciplinary acti	on while in any position (except
Have you ever resign If <u>YES</u> , explain, give 6. MILITARY SE	ing name and addres							□YES □ 1 page if additional	NO space is needed)
Have you ever been		Forces	YES _	,	NO \Box				
BRANCH O			Y MOS/AFSC			D	ATES	COMPONENT	TYPE OF DISCHARGE
					/		/ /	Active Reser	ve
					/	/	/ /	Active Reser	ve

						/	/	/ /	/	Active	Rese	erve		
List Name of Currer	nt Commandin	ng Officer:				Telepho	one Number:	()	-					
Are you presently a	member of the	e U.S. Arm	ed Forces (A	Active, Reserv	e or Sta	ate Gua	rd Organiz	ation): YE	ES 🗍 🗆	NO 🖂	If YES	s, comple	te the follow	wing below:
	GRADE/RAN	NK AND SEI	RVICE NUM	BER						BRANCH	OF SE	RVICE		
27.2														
ORGAN	IIZATION AND	STATION	OR UNIT AN	ID LOCATION			ACTIVE		RESER	VE 🔲		GUARD		IRR 🔲
While in the military	v service, were	e vou ever d	disciplined	arrested or co	urt mar	tialed?	YES 🗆	NO [7					
			anserprinted,	urrested or co	art mar	trarea.	ТЕЗ	110 _						
If <u>YES</u> , complete the i	information bei	iow.							CHARGE	NFRACTIO	N			
DATE			PLACE			AGEN	CY			TICLE	,		DISPOS:	ITION
/ /														
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, ,														-
Identify any awards,	models queli	ifiantians as	r aartifiaatas	ragaired whi	lo in th	a milita	447.7							
identify any awards,	, medais, quan	ilications of	r certificates	received will	ne m m	e minta	гу:							
7. EDUCATION														
List all elementary, ju	unior high and l	high schools	attended.		l								GRADU.	ATED
NAN	ИE		CITY	7	ZIPC	CODE	YEAR	RS ATTENI	DED	YEAR		YES	NO NO	N/A
								ТО		COMPLE	TED			IVA
							FROM FROM	TO						+
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Higher Education. Li	st information	below for all	colleges or u	ıniversities, tra	de scho	ols, or o								
NAME AND C	TTY, STATE O	F COLLEGE	OR UNIVE	RSITY	ZIP C	CODE	DATE	ES ATTENE	DED	CREDI HOUR		TYPE C	F DEGREE	YEAR RECEIVED
							FROM	ТО						
							FROM	TO						
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MAJOR: Have you ever been If <u>YES</u> , explain:	expelled or si	NOR: uspended fr	rom school?	Are present		nding co	bllege: ∐ Y	ES □N	O How 1	many seme	ster ho	urs are yo	ou enrolled	in?
8. DRIVING REG	CORD													
List all vehicle operat	tor licenses (ope	erator, chauf	ffeur, etc.). (Give the followi	ing infor	rmation	concerning	any vehicle	operator'	s license you	ı have l	neld or ho	ld now:	
ТҮРЕ О	F LICENSE		STATE		LICEN	NSE NU	MBER			TE OF RATION		R	ESTRICTIO	ONS
									/	/				
									/	/				
									/	/				
Have you ever been If <u>YES</u> , explain full				•		•		voked?		□ Y	ES		Ю	
							<u> </u>			2	TEG.		***	
Have you ever had a					-					_	(ES		10	
If <u>YES</u> , give details,	If <u>YES</u> , give details, including reasons, names of companies, dates, etc.(use supplemental page if additional space is needed):													
List all traffic violation	ons and warning	gs that you h	nave ever rec	eived.										
DATE	,	CHARGE		NAME OF LA	AW ENF	FORCEN	MENT AGEN	NCY		CITY		STA		POSITION, FINE, OT GUITY, ETC.

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List all accidents in	n which you have been involved as	a driver (use supple	emental page if additiona	space is necessary).						
DATE	LOCATION	N		DES	SCRIPTIO1	N OF I	INCIDI	ENT		
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9. ARRESTS.	DETENTIONS AND LITIGA	TIONS								
	cluding both adult and juvenile, n		u were convicted:							
A. Have you eve	er been arrested or detained by	a law enforcement	agency?				YES	□ NO	If <u>YES</u> , explain b	pelow:
DATE	LOCATION	AC	GENCY	ALLEGATIO	ON / CHAR	GE		_	DISPOSITION	
/ /										
/ /										
/ /										
/ /										
/ /										
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B. Are you curre	ently involved in any pending c	ivil or criminal litig	gation?				YES	☐ NO	If <u>YES</u> , explain	below:
C. Have you eve	r had a warrant for your arrest?					П	YES	□ NO	If YES , explain	below:
D. Regardless of	who was at fault, have you eve	r had or been accus	sed of having a physica	l altercation?		$\overline{\Box}$	YES	NO	If YES, explain	below:
					2		YES	□ NO		
E. Have you eve	er been given any type of court	document ordering	you to stay away from	any person or place	er.					
F. Since the age	e of 18, have you ever committe	ed a crime for which	h you were not arrested	or charged?			YES	□ NO	If <u>YES</u> , explain	below:
If the answer to a	ny of the above questions is YE	S list below the d	ate_place and full detai	s of each incident	L					
II the answer to a	ing of the doore questions is 11	<u> </u>	ate, place and fair detail	is of each incident.						
									-	

10. DRUG USE HISTORY			
When was the last time you illegally used	the following?		
CANNABIS SUBSTANCES (Marijuana			
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		
INHALANTS	D.A.FED	LOCATION	AN COLD TELICED
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
WAY VICTOR OF DOD DOD DO	/ /		
HALLUCINOGENS (LSD, PCP, Peyote LIST WHAT TYPE		LOCATION	MOINTHEE
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
NADCOTICG (C. 1. O. M. 1.	/ /		
NARCOTICS (Codeine, Opium Morphi LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
LIST WHAT TIPE	DATE / /	LOCATION	AMOUNT USED
DEPRESSANTS (Tranquilizers, Barbitt	unatas Bangadiaganinas I	Mathagualana ata)	
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
LIST WHAT THE	/ /	LOCATION	AMOUNT USED
STIMULANTS (Cocaine, Crack, Rock,	Crank Angel Dust Fosta	sy Sneed Amphetamines Methamphe	taminos etc.)
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
LIST WHAT THE	/ /	LOCATION	AWOONT OSED
STEROIDS	1 1		
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		TIMO GTAT GGZB
PRESCRIPTION MEDICATION PRES	SCRIBED IN SOMEONE	ELSE'S NAME	
LIST WHAT TYPE	DATE	LOCATION	AMOUNT USED
	/ /		
When and where was the last time that you	were present while others	were using illegal drugs?	
DATE	LOCATION		TYPE OF SUBSTANCE
/ /			
L		L	
11. APPLICATIONS AT OTHER LA			
Have you ever applied for a position with a		YES	NO If <u>YES</u> , complete the information below:
DATE APPLIED AGEN	CY / STATE		DISPOSITION
/ /			
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12. FINANCES	1 10 1				
DATE	led for or been g	granted bankruptcy?	REASON	YES NO If YES,	complete the information below:
/ /					
DATE / /			REASON		
Have you ever be	een delinguent o	n income tax payments?		YES NO If YES,	complete the information below:
DATE / /	1	1 7	REASON		1
, ,	. 1	:11	49	Type T No 15VEC	1 . 4 . 4
DATE	ad any of your b	ills, accounts, or loans turned ov	REASON	YES NO If YES, o	complete the information below:
/ /			KEASON		
DATE			REASON		
/ /					
DATE			REASON		
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DATE			REASON		
/ /					
DATE			REASON		
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12 DEFEDEN	ICEC				
13. REFEREN			£.:		
NAME	ig information		friend: (please do not include your ESS, CITY & ZIP CODE		DDRESS, CITY & ZIP CODE
IVAIVIE		AGE ADDIC	ESS, CITT & ZII CODE	BOSINESS NAME, AI	DDRESS, CITT & ZII CODE
YEARS K	NOWN	HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	OCCUPATION
		() -	() -	() -	
B. Personal I	References: (Pr	ovide a minimum of five (5) ar	nd DO NOT include employers or re	elatives) (Only include reference	s vou have personally known)
NAME			ADDRESS	BUSINESS ADDRESS	,
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YEARS K	NOWN	HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	OCCUPATION
		() -	() -	() -	
NAME		HOME	ADDRESS	BUSINESS ADDRESS	
***************************************		VV0.) (E #PDV PDVV0.) E			
YEARS K	NOWN	HOME TELEPHONE	BUSINESS TELEPHONE () -	MOBILE TELEPHONE	OCCUPATION
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	NOWN		ADDRESS	BUSINESS ADDRESS	OCCUPATION
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YEARS K	NOWN	HOME TELEPHONE () -	ADDRESS BUSINESS TELEPHONE () -	BUSINESS ADDRESS MOBILE TELEPHONE () -	OCCUPATION
YEARS K	NOWN	HOME TELEPHONE () -	ADDRESS BUSINESS TELEPHONE () -	BUSINESS ADDRESS MOBILE TELEPHONE () -	OCCUPATION
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YES	NO																														
		Are you the overt	hrow o	of ou	r cor to d	nstitut eny ot	tiona ther	al fori	n of g ons th	gove eir r	ernm rights	ent, s un	or w	hich	has a	adoj	ptec	d the	pol	icy o	fadv	oc.	ating	or a	ppro	ving	the	com	nissic	n of	
		governm Are you	ent of	the U	Jnite	d Stat	tes b	y unc	onsti	tutio	onal r	mea	ıns?																		re ·
		or have b	een m	embe	ers o	fany	of tl	he org	aniza	ation	ıs ide	entif	fied al	ove'	?																
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15. LANC	GUAGES (D	you spea	k any (r lan REAI		e th	an Er	iglish	17 II			er lar EAK	ıgua	ge ar	nd k	kno			level DBR		NI)					WR	TE		
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16. HOBB	IES, SPORTS	S AND OT	HER	INTI	DRID	STS																									
16. HOBB		SAND OT SPORT O				STS			I	LEN(GTH	I OI	F PAF	RTIC	IPAT	TIO	N					L	EVE.	L OI	F PR	OFIC	CIEI	NCY			
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18. COMMENTS	
Any comments you would care to make or additional information concerning your background or qualifications in relation to the law enforcement profession?	

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20. ADDITIONAL SPACE FOR ELABORATION FROM PREVIOUS QUESTIONS	
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Applicants are responsible for all expenses incurred in obtaining records or other materials necessary for investigative process. Upon return of the Personal History Statement, copies of the following documents must be attached.

We request the following information must be attached if applicable.

1. Proof of United States citizenship (birth certificate, naturalization paperwork, etc...)

I have read, understand, and agree to the terms and guidelines outlined above.

- 2. Military Form DD-214 (member 4 copy)
- 3. Driver's License (front and back)
- 4. High School Diploma (or GED certificate)
- 5. College or University Degree and Transcript(s)
- 6. Any Court Order requesting Name Change
- 7. Law Enforcement Academy Certificate

All materials and documents provided become the property of the Gas City Police Department and are not subject to return. Additional documents may be required upon offer of conditional employment. This application and associated items will be kept on file for a minimum of two (2) years.

Any false, omitted, or misleading information on this application may subject the applicant to elimination from the hiring process. Any false or omitted information that comes to light after employment may be cause for immediate termination from the Gas City Police Department.

Applicant's Signature: ______ Date: ______

Printed Name: _____

CERTIFICATE

APPLICANT: Please read the following statement carefully before signing. If you have any questions regarding the following statement or any questions contained in this application, please ask them of a qualified representative of the Gas City Police Department before signing.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE AGENCY OF ANY ADDITIONAL INFORMATION RELATING TO QUESTIONS RAISED ON THE APPLICATION WHICH MAY OCCUR SUBSEQUENT TO MY COMPLETION OF THE APPLICATION. I REALIZE THAT ANY MISREPRESENTATION OF FACTS OR THE FAILURE TO UPDATE ANY INFORMATION RELATING TO QUESTIONS ON THE APPLICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT. FINAL EMPLOYMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PRE-EMPLOYMENT PROCEDURES INCLUDING BUT NOT LIMITED TO INTERVIEWS, EXAMINATIONS, VERIFICATION OF ALL RELEVANT INFORMATION, PHYSICAL AGILITY ASSESSMENT, PHYSICAL AND PSYCHOLOGICAL TESTING, DRUG SCREENING, AND ANY APPLICABLE STATUTORY PROVISION. THE GAS CITY POLICE DEPARTMENT SHALL PROVIDE THE APPLICANT WITH ALL REASONABLE ACCOMODATIONS IN THE APPLICATION PROCCESS UPON VERBAL AND WRITTEN NOTIFICATION AND REQUEST OF SUCH ACCOMODATIONS REQUIRED BY THE APPLICANT.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE WITH THIS STATEMENT.

Dated this	day of	
Signature of Applican	nt:	
Applicant Name Prin	ted:	

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant with the Gas City Police Department. This agency needs to thoroughly investigate my employment background and personal history in order to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Gas City Police Department bearing this release to obtain any and all information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Gas City Police Department, whether such records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life and employment history for the specific purpose of pursuing a background investigation that may provide pertinent data for the Gas City Police Department to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, regardless of how personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my education records, my financial status, my criminal history record, including any arrest records, any information contained in any investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorney at law or other counsel whether representing me or another person in any case, whether criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examination, and any internal affair investigations and discipline, including any files that are deemed as confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records or your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I direct you to release such information upon request of the duly authorized representative of the Gas City Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Gas City Police Department's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees, harmless from any and all claims of liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Gas City Police Department. I understand that should such information of a serious criminal nature or regarding an outstanding criminal or civil warrant surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Gas City Police Department in conjunction with employment procedures.

A photocopy or fax of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, from and against all claims, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Applicant Signature:	Date:	
Printed Name:	Date of Birth:	
Address:		
City:	State: Zip:	
Telephone:	Cell:	
Email:		