

JUNCTION CITY POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, authorize inspection, copying and full disclosure of any and all records concerning myself to any duly authorized agent of the Junction City Police Department regardless of whether the records are public, private or confidential.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had any interest; all attendance records, polygraph examinations and any internal investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I understand any and all information obtained by a personal history background investigation, developed directly or indirectly, in whole or in part; upon this release will be considered in determining my suitability for employment by the City of Junction City . I hereby release and agree to indemnify you, your organization and all others any liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release the officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this release and request to release information, or any attempt to comply with it. I direct you to release such information upon request of a duly accredited representative of the Junction City Police Department regardless of any agreement I may have made with you previously to the contrary.

I further agree to waive any right of access or review whatsoever to the background investigation developed through this release.

For, and in consideration of, the City of Junction City's acceptance and processing of my application for employment, I agree to hold the City of Junction City, its agents and employees harmless and indemnify them from any and all claims and liability associated with my application for employment or in any way connected with the decision whether to employ me with the City of Junction City.

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

Print Name: Address: Date of Birth: Social Security Number:

ACKNOWLEDGMENT

Subscribed and Sworn to before me on this ____ day of _____, _____, by:

Print Name:

Notary Public

Rev. 04/05.2006
