



# Platte County Sheriff's Office

**Mark S. Owen, Sheriff**

415 Third Street, Suite 10  
Platte City, Missouri 64079

(816) 858-2424 Business  
(816) 858-3053 Fax

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**DESIRED POSITION:** \_\_\_\_\_

I respectfully request and authorize a review a full disclosure of all records concerning myself, by and to ANY duly authorized agent of the Platte County Sheriff's Office (properly identified), whether the said records are public, private or confidential in nature, and to copy any material contained therein.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, including records of academic standing, conduct and disciplinary action, student life and activity and outstanding financial obligation; financial or credit institutions, including records of activity and balances of checking, savings and loan accounts, records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, performance evaluations and reports, complaints or grievances filed by or against me, any salary records, any investigation reports concerning me, whether conducted internally or by an outside agency, which may be kept in separate files; local, state and federal tax records, real and personal wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; driver's license records; records of complaint of a civil and/or domestic nature made by or against me, where so ever located.

I agree to indemnify, hold harmless and release from liability, the Platte County Sheriff's Office, its agents and employees, the person to whom this request is presented, their organization and its agents and employees, for any and all damages which may result from either requesting or furnishing the requested information. I understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

The information is to be used to assist the Platte County Sheriff's Office in determining my qualifications for a position of trust and responsibility.

A photocopy of this release will be valid as an original hereof, even though it does not contain an original writing of my signature.

## Applicant Statement

I volunteer the information to assist with the completion of my record check.

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_