

**AUTHORIZATION & RELEASE**  
(POLICE OFFICER)

**TOWN OF EAST HARTFORD**  
**HUMAN RESOURCES DEPARTMENT**  
**740 MAIN STREET**  
**EAST HARTFORD, CT 06108**  
**(860) 291-7221**

**DISCLOSURE NOTICE TO JOB APPLICANTS**

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

In consideration of the East Hartford Police Department's acceptance of my application to be considered for employment with the Department, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, polygraph examination records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become a member of the Department.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Department may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Department in my efforts to be employed by the Department. I also request that sources contacted by the Department accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Department in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

**\*This form must be notarized or witnessed by EHHRD in order to be considered for employment\***

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Subscribed and Sworn to before me, a Notary Public, in and for County of \_\_\_\_\_,**  
**and State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public /or**

\_\_\_\_\_  
**My Commission Expires:**

\_\_\_\_\_  
**Witness -East Hartford Human Resource Dept.**

**Revised 10/09**