Waiver and Release for Background Investigation

I, _____, am presently applying for employment as a police officer with Elizabethtown Borough Police Department, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education, credit history and reports, medical records, my military records and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Elizabethtown Borough Police Department.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files, including my personnel file, pertaining to my employment records and history. I further authorize the release of such information, including photocopies, upon request to any representative of the Elizabethtown Borough Police Department. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Elizabethtown Borough Police Department. Said records are or may be of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Elizabethtown Borough Police Department to obtain, full and free access to ALL records with the specific purpose of permitting the Elizabethtown Borough Police Department to conduct a thorough background investigation regarding me. It is my specific intent to provide the Elizabethtown Borough Police Department with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers and their representatives, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, including photocopies of those documents. My military service records, education records, my financial status, my credit history and reports, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me. Efficiency ratings, work performance evaluations, complaints or grievances filed by or against me, the records or 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, an interest. Attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed and I authorize any police agency that may have already completed a background investigation on me to share any and all information with the Elizabethtown Borough Police Department.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from 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 all former employers identified in my employment application, and, if applicable, its 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 authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Elizabethtown Borough Police Department, regardless of any agreement I may have made with the former employer to the contrary.

In addition, I also authorize law enforcement agencies with whom I may have applied for employment in the past or in the future to share their background investigative information with the Elizabethtown Borough Police Department in order to ascertain my suitability for service as an Elizabethtown Borough employee. I release and hold harmless all of those law enforcement agencies and the Borough of Elizabethtown, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation. Including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

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

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile 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 as listed below.

Should there be any question as to the validity of this release, you may contact me at the address listed below.

I agree to indemnify and hold harmless the person(s), to whom this request is presented, as well as his agents 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.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, in the year of 20 _____.

_____
(Notary)

_____
Applicant's Full Name (Printed)

_____
Applicant's Signature

_____
Applicant's Street Address

_____
City State Zip