

## **DISCLOSURE AUTHORIZATION**

I, \_\_\_\_\_ date of birth, \_\_\_\_\_  
if notified that I am placed on the eligibility list for a conditional offer of employment for probationary police officer with the Town of Jamestown Police Department, do hereby authorize and agree to the following:

1. Police Chief Edward A. Mello or his agents to examine any and all educational, medical, employment, driving, court, criminal, police and civil records that pertain to me.
2. If I accept employment with another Rhode Island Law Enforcement Agency, I forfeit my standing with the Town of Jamestown Police Department.

## **AFFIRMATION STATEMENT**

I hereby affirm that all the preceding statements are true to the best of my knowledge and belief. I further understand that any false statements shall be grounds for my immediate application rejection, and if discovered after my appointment, my immediate dismissal from the Jamestown Police Department.

\_\_\_\_\_  
Applicant's Signature

State of \_\_\_\_\_, County of \_\_\_\_\_, being first duly sworn or affirmed deposes and says that each of the several foregoing statements subscribed by him or her is true, except such that are made upon information and belief, and that as to these, he or she believes the same to be true.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public



Edward A. Mello  
Chief of Police

# JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

[www.jamestownri.net/police](http://www.jamestownri.net/police)

## AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANT BACKGROUND INVESTIGATION

I, \_\_\_\_\_, have made application for employment with the Town of Jamestown, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application for employment. I understand that any history which adversely reflects on my qualifications for employment may be cause for disqualification from further consideration for employment.

I hereby give the Jamestown Police Department and its agents the authority to conduct a comprehensive investigation of my background including, but not limited to, medical records, psychiatric records, alcohol and/or substance abuse treatment records, oral interviews with any person concerning my background and a review with full disclosure of all juvenile and adult records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies, health care providers, and other local, state, and federal agencies. This *Authorization for Release of Information* form is solely for the purpose of conducting an applicant background investigation for the current recruit selection process of the Jamestown Police Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information* form. I consider a copy of the *Authorization for Release of Information* form to be as valid as the original, even though a copy does not have my original signature.

I hereby release to the Jamestown Police Department and its agents and anyone who gives written or oral information about me to the Jamestown Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date