



# West Brookfield Police Department

2 E. Main Street  
West Brookfield, MA 01776  
Business (508) 867-1405  
Fax (508) 867-1406

<http://www.wbrookfield.com>

## RELEASE OF INFORMATION AUTHORIZATION

In making application for the position of Police Officer for the Town of West Brookfield, I understand that the Town of West Brookfield will undertake an investigation whereby information will be obtained through personal interviews with my employer(s), co-workers, neighbors, friends or others with whom I am acquainted. These inquiries will include information as to my work performance, general reputation, and personal characteristics. This information will also include a check into any criminal offender record information available. This investigation may also include credit report requests.

I authorize the Town of West Brookfield to contact my former and present employer(s), to inspect my personnel files, and to obtain copies of documents contained within such personnel files, regarding my employment with former or present employer(s) and credit rating bureaus. I agree to indemnify and hold harmless any former or present employer(s), credit rating bureaus and the Town of West Brookfield in connection with the release of any information, discussions, or evaluations regarding my former or present employment or credit rating history.

I hereby agree to remise, release and forever discharge the Town of West Brookfield, the Town of West Brookfield Board of Selectmen, and the Town of West Brookfield's employers agents and attorneys of and from all actions, causes of actions, suits, covenants, damages, and any and all claims, demands and liability whatsoever of every name and nature, both in law and equity, I may have in any court or any forum under my jurisdiction and under any law regarding or in connection with the Town of West Brookfield's procurement and the use of the investigative report described above.

I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

\_\_\_\_\_  
Applicants Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date