

Worcester County Sheriff's Office

Matthew Crisafulli
Sheriff



Mark C. Titanski
Chief Deputy

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the Worcester County Sheriff's Office and its agents, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances or checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including rent reports and/or ratings); medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, wherever filed; records of complaint, arrest, trial and/or traffic records; records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this document is to provide full and free access to the background and history of my personal like, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Worcester County Sheriff's Office to consider in determining my suitability for employment by that Agency/ Organization. It is my specific intent to provide access to personal information, however personal or confidential, as it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by personal history background investigations that develop directly, in whole or in part; upon this release authorization will be considered in determining my suitability for employment by the Worcester County Sheriff's Office. I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy/ fax of this release for will be valid as an original herein, even though the said photocopy/ fax does not contain an original writing of my signature.

Sworn and subscribed to before me this

Name: _____

Address: _____

D.O.B.: _____

S.S.#: _____

Printed Witness Name

Witness Signature

Applicant Signature

“Proud to Protect, Ready to Serve”

Worcester County Sheriff's Office
One West Market Street, Room 1001
Snow Hill, MD 21863
410-632-1111- phone / 410-632-3070- fax
www.WorcesterSheriff.com

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, do hereby authorize a review of and full disclosure of all medical records or any part thereof, concerning myself, by and to Worcester County Sheriff's Office, whether the said records are of a public, private or confidential nature.

Name: _____

Address: _____

D.O.B.: _____

S.S.#: _____

Printed Witness Name

Witness Signature

Applicant Signature

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WAIVER OF LIABILITY

In consideration of being permitted to take the physical test for Deputy Certified/ Deputy Non-Certified, I agree that I shall not hold the Worcester County Sheriff's Office or any of its employees or agents responsible for any injury or damage that I may receive or cause to myself during or as a result of this physical agility test.

Name: _____

Address: _____

D.O.B.: _____

S.S.#: _____

Printed Witness Name

Witness Signature

Applicant Signature

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I certify that there are no misrepresentation, omissions or falsifications in the foregoing statement and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material/ information has been omitted.

Sworn and subscribed to before me this

_____ Day of _____, 20_____.

Name: _____

Signature of Notary Public

Address: _____

Print or Type Name of Notary

D.O.B.: _____

My commission expires _____

S.S.#: _____

Applicant Signature

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