

SECTION IV



**STEVENSVILLE POLICE DEPARTMENT
NOTARIZED WAIVERS**

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant _____

Date of Birth _____

Social Security Number _____

As an applicant for the position of Police Officer with the Stevensville Police Department, I am required to undergo a background investigation for use in determining my qualifications and suitability to be a Police Officer. I realize that this Office will **NOT** release the information provided to them to any person, including myself. The information submitted to this Office is confidential and will be used only for investigation of suitability for law enforcement employment

Toward this end, I authorize any and all information that you may have concerning me, including information of a confidential or privileged nature to be released to the Stevensville Police Department. I hereby authorize all of my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others to furnish the Stevensville Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the requested information. You may be contacted either by mail, or by a background investigator with the Stevensville Police Department, or both. I further authorize that a photocopy of this Authorization to Release Information form shall be, for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for a period of one (1) year of the date of my signature.

Signature of Applicant _____ Date _____

Subscribed and Sworn to before me this ____ day of _____ , _____

Notary Public in and for said County of _____, State of _____

Notary Public

Signature _____

(NOTARY SEAL)

CHILD SUPPORT

Please mark the appropriate response. Failure to mark one of the three statements will result in denial of your application.

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and I am in compliance with the order; or I am in compliance with a plan approved by the County Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.

_____ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or plan approved by the County Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the court order.

Applicant's Social Security Number: _____

Signature of Applicant _____ Date _____

Subscribed and Sworn to before me this ____ day of _____, _____

Notary Public in and for said County of _____, State of _____

Notary Public

Signature _____

(NOTARY SEAL)

CERTIFICATE AND PENALTY

I hereby declare that all statements and information provided by me to the Stevensville Police Department during all phases of my pre-employment background investigation, and in any other pre-employment screening process, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a condition for employment, without appeal.

I further understand that any misstatements, omissions, or deceptions made by me that may be discovered after such time as I may be employed by the Stevensville Police Department are grounds for disciplinary action up to and including termination.

Signature of Applicant _____ Date _____

Subscribed and Sworn to before me this ____ day of _____, _____

Notary Public in and for said County of _____, State of _____

Notary Public

Signature _____

(NOTARY SEAL)