

## **Homecroft Police Department**



Applicants Request/Waiver to Release Information

I hereby authorize and request all persons, to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed Officer of the Homecroft Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory or common law privileges. I hereby expressly waive all privileges that may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature as a result of said communications or disclosure.

Information to be disclosed:

Medical Records Mental Records Financial Records Criminal History Check Educational Records Organizational Memberships Past/Present Employment Records \*Any background material/information relevant to reputation and/or moral character.

\*These records will be retained on file with the Homecroft Police Department.

Signature of Applicant	Date
State of Indiana )	
)SS: County of)	
Subscribed and sworn before me, a Notar	ry Public, in and for said County and State, this
day of	, 20
My Commission Expires:	
	Notary Public
	Printed Name
	County of Residence

## **APPLICANTS STATEMENT AND AGREEMENT**

## Read carefully before signing this application for employment.

- 1. I understand that receipt of this application does not imply that I will be employed nor does it indicate that there are positions available.
- 2. I understand that any future employment may be contingent upon my passing a medical examination. (Medical examinations shall be job related and consistent with business necessity).
- 3. I hereby grant permission to investigate any of the information included in this application, agree to cooperate in such investigations and release from all liability or responsibility. All persons, organizations, companies, and corporations collecting and supplying such information together with any other information they may have regarding me, whether or not it is in their records.
- 4. In making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or other's) with whom I am acquainted. This inquiry includes information as to my character, general reputation personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable time to receive additional detailed information about the nature and scope of the investigation.
- 5. I certify the information included in this application is correct and I understand that misrepresentation is just cause for rejection of this application or dismissal from employment.

SIGNATURE

DATE

PRINTED NAME