

Gervais Police Department
592 4th Street / PO Box 329
Gervais, OR 97026

Authorization to Release Information
(Personal Inquiry Waiver)

TO WHOM IT MAY CONCERN:

I, _____, am currently under consideration by the City
(please print full name)
of Gervais for a position with the City's Police Department. Pursuant to the hiring process, the City requires the ability to administer an investigation into my employment and personal background. This investigation involves obtaining information about my achievement, performance, attendance, discipline record, personal history, education history, criminal background and credit/financial history. The City may gather and record information about my past conduct and associations from any and all sources that the City, in its sole discretion, deems appropriate. I desire to work for Gervais Police Department and understand that the signing of this release is a prerequisite to further consideration.

I respectfully request and authorize you to furnish the Gervais Police Department with any and all information that you may have concerning me, my employment and educational records, my reputation, and my financial and credit status. This includes any and all medical, physical and mental health records and reports, including all information of a confidential or privileged nature, and if possible, photocopies of the same. It is the intent of this waiver that this release is to be as broad and inclusive as permitted by the laws of the State of Oregon. Your cooperation in the reply will be used to assist the department in determining my qualifications for the position I am seeking with the Gervais Police Department.

I expressly waive forever any and all claims against the City for its reliance on and/or use of information from previous employers, supervisors and colleagues or from credit reporting institutions. I also expressly waive forever any and all claims against previous employers, supervisors and colleagues for information provided to the City as part of this investigation.

Dated this _____ day of _____, _____

Applicant's Signature _____

(Prior Military Service only) I hereby authorize the release of my Military Service records (including medical, physical and mental health records and reports) to the Gervais Police Department, PO Box 329, Gervais, OR 97026.

Dated this _____ day of _____, _____

Applicant's Signature _____

Service Number _____

Subscribed and sworn to before me on this ____ day of _____, _____

Notary Public _____
My commission expires: _____

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your file.