

Authorization for Release of Personal Information To Law Enforcement Agencies for Certification / Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Whispering Pines Police Department. In order to determine my suitability for employment, I understand that the Whispering Pines Police Department, of Whispering Pines, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore I, _____ DOB, _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending, or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, government agency, criminal and civil courts, certification /licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Whispering Pines Police Department, of Whispering Pines, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Whispering Pines Police Department, of Whispering Pines, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Village of Whispering Pines. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by the law. I do further authorize the Whispering Pines Police Department its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of the law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education & Training Standards Commission, and North Carolina Attorney General's Office, agencies of other states and the Federal Government, and the applicants/officer's employment agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant / Officer Signature

Printed Name

Address

Phone Number

State of North Carolina County of _____.

Subscribed and sworn to before me
this is the ____ day of _____, _____.

Notary Public & Seal

My Commission Expires: _____