



CITY OF MILES CITY
AUTHORIZATION TO RELEASE INFORMATION

FOR OFFICAL USE BY THE MILES CITY POLICE DEPARTMENT

To be Completed by Applicant

I am an applicant for a position with the **Miles City Police Department**, hereinafter referred to as **MCPD**. I acknowledge that the department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and that it is in the public's best interest that all relevant information concerning my personal and employment history be disclosed.

I authorize the City of Miles City, Montana through their agent, any representative of the **MCPD**, bearing this release, to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a full review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **MCPD**, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **MCPD** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I direct you to release such information upon request of the duly accredited representative of the **MCPD** regardless of any agreement I have made with you previously to the contrary. The **MCPD** will discontinue processing my application if you refuse to disclose the information requested.

I consent to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my financial status, my criminal history record, including any arrest records, any information contained in any investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other council, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to confidential, and/or sealed.

I hereby release you as the custodian of such records, your organization, including its officers, employees, or related personnel both individually and collectively, and all others, from any liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. It is my intent to authorize all former employers and all other public and private concerns, including but not limited to: schools, colleges and all scholastic institutions, Consumer reporting agencies, and similar entities, to release any and all information maintained by any such employer or educational entity, agency, person, including, but not limited to: my personal, employment and salary history and condemnations. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

By my signature below, I acknowledge that the **MCPD** has provided me a copy of the summary of my rights under the Federal Fair Credit Reporting (attached copy) and I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and with regard to access and disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the **MCPD** in conjunction with employment procedures.

This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

Signature of Applicant

Date

Print Name of Applicant

Social Security Number

Street Address/P.O. Box

Date of Birth

Signed and subscribed to before me this
____ day of _____ 20__.

Notary Public for the State of Montana
Residing at _____
My commission expires _____.