

TOWN OF CRAMERTON
Authorization for Release of Personal Information
To Law Enforcement Agencies for
Employment/Appointment Purposes

To Whom It May Concern:

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

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

Moreover, I hereby release the Cramerton Police Department, Cramerton, NC from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my potential employment with the Town of Cramerton. 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 any time result because of compliance with the authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for appointment as allowed by law. I do further authorize the Cramerton Police Department, its agents and employees, to release copies of any and all information to any person(s) deemed by the department to be in a position to recommend or determine my appointment.

I hereby acknowledge that this authorization is valid for six (6) months or until the investigative process has been completed, whichever is later and that a copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant's Signature

Applicant's Printed Name

STATE OF NORTH CAROLINA
COUNTY OF GASTON

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

Notary Public's Signature/Seal

My Commission Expires