



Crewe Police Department



125 East Carolina Ave.
Crewe, Virginia 23930
(434) 645-7472 Office
(434) 538-0527 Fax
E-mail: police@crewevapo.us

AUTHORIZATION FOR RELEASE OF INFORMATION TO THE CREWE POLICE DEPARTMENT

LAST NAME, FIRST NAME MIDDLE NAME

DATE OF BIRTH

ADDRESS

TELEPHONE

CITY, STATE, ZIP CODE

SOCIAL SECURITY NO.

EMAIL

DRIVER LICENCE STATE/NO.

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Crewe Police Department. The department needs to thoroughly investigate my background and personal history to include employment, medical, and creditworthiness to evaluate my qualifications to become a police officer with the Crewe Police Department. The Department and Commonwealth of Virginia require information concerning my personal and employment history be disclosed to the Crewe Police Department in order for me to be considered for employment.

I hereby authorize any representative of the Crewe Police Department bearing this release to obtain any and all information in your files. I hereby further authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Crewe Police Department, whether said records are of public, private, or confidential nature. These records include but are not limited to educational institutions, credit bureaus and retail establishments, work record, military services records, any information contained in investigatory files, complaints and grievances filed by or against me, attendance records, polygraph examinations, internal affairs investigations, medical and psychological consultations and or treatments, including those of hospitals, clinics, private practitioners, veteran's administration, and all military and psychiatric facilities, public utility companies and other employers. The intent of this authorization is to give my consent for full and complete disclosure and access to background and history of my personal life, for the specific purpose of providing pertinent data for the Crewe Police Department to consider in determining my suitability for original and continued employment in the department.

I further consent to your release of any and all public and private information that you may have concerning me, my background and reputation, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, whether or not deemed to be confidential, and/or sealed.

In addition, I give consent to all prior law enforcement agencies who currently or previously I have been employed by to release any and all information (i) related to an arrest or prosecution, including any expunged arrest or criminal charge known to the agency or disclosed during the hiring process that would otherwise be prohibited from disclosure that relate to me; (ii) related to any and all civil suits in which I am a defendant and/or relate to my employment or performance of my duties; (iii) obtained during the course of any internal investigation related to any alleged criminal conduct, use of excessive force,

INITIALS _____



Crewe Police Department



LAST NAME, FIRST NAME MIDDLE NAME _____ DATE OF BIRTH _____

or other official misconduct in violation of the state professional standards of conduct adopted by the Criminal Justice Services Board related to me or filed against me; and (iv) related to my job performance that led to my resignation whether voluntary or involuntary in lieu of dismissal, dismissal, demotion, suspension, or transfer. I direct you to release such information upon request of the duly accredited representative of the Crewe Police Department regardless of any agreement I may have made with you previously to the contrary. The Crewe Police Department will discontinue processing my application if the information, pursuant to this release, is not disclosed upon their representative's request.

I hereby release, indemnify, and hold harmless you, your organization, and all others from and against all liability, claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records and your organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

For and in consideration of the Crewe Police Department's acceptance and processing of my application for employment, I agree to hold the Town of Crewe, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Crewe Police Department. I understand that should information of a criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Crewe Police Department in conjunction with employment procedure. Additionally, I understand that the Virginia Freedom of Information Act and the Virginia Government Data Collection and Dissemination Practices Act provide me the right to request access to and disclosure of records related to my application for employment with the Town of Crewe. I hereby waive my right to request access to or disclosure of information obtained by the Crewe Police Department during the background investigation portion of the application process, including information provided pursuant to this signed Authorization for Release of Information. Furthermore, I am aware that the Virginia Code specifically allows the records of background investigations of applicants for law enforcement agency employment to be excluded from mandatory disclosure, and that it is the practice of the Crewe Police Department not to release this information unless required by law.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This authorization is valid from the date of my signature until my eligibility for original or continued employment is discontinued. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

*****THIS FORM MUST BE SIGNED AND DATED BY APPLICANT AND NOTARIZED*****

APPLICANT SIGNATURE

DATE

On this the _____ day of _____, 20____, the above person, personally appeared and satisfactorily proved themselves to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in the capacity therein stated and for the purpose therein contained.

In witness whereof, I here unto set my hand and official seal. _____, Notary Public for the State of _____, my commission expires _____.