

***Authorization for release of information in connection with
employment application and other "employment" purposes
including reference checks and verification***

I _____ authorized the Town of Middleburg Police Department, or any representative of the department who is able to present credentials for the same, to conduct an investigation related to my work and personal history. To that end, I authorize any employer, friend, foe, school, corporation, government or government sub-divisions/agency, licensing agencies, or any other entity or person to release and or allow access to information that the investigating officer deems relevant to my possible employment or internship with the Middleburg Police Department. Specific authorization is granted for any disciplinary files, internal investigation files, browsing histories on public or company computers, and phone records for public or company phones. This authorization includes, but is not limited to authorization for the Town of Middleburg to check and verify any information contained in my employment application.

I hereby authorize any and all of the aforesaid enumerated parties to furnish the Town of Middleburg Police Department any and all information concerning me that they, the investigating representative, deem relevant to my application.

I further release all parties referred to herein and the Town of Middleburg and/or employees from any and all liability and responsibility arising from the release of information concerning me.

Print all information

Name (Last first middle): _____ Maiden? _____

Date of birth: _____ (Shall only be used for record confirmations)

Social security number: _____

Please list all other names that information may be listed under:

Signed: _____ Date: _____

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

_____ for the _____ My commission expires
(State)

on _____, _____ Reg. # _____

Notary Public