

**AUTHORIZATION AND CONSENT
FOR
RELEASE OF PERSONAL INFORMATION**

As part of normal procedure for processing applications, **The Kingston Township Police Department** conducts background checks on potential employees. In order to continue the application process, a signed authorization and consent for release of personal information is required.

I, _____, hereby authorize **The Kingston Township Police Department**, and/or its agents to fully investigate my background; which may include information regarding my references, character, past employment, credit history, driving record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the time of my service with **The Kingston Township Police Department**.

I hereby authorize and request any prior or present employer, law enforcement agency, credit investigation agency, financial institution, banks, lending company, credit card company, educational institution or other individuals or entities having personal data about me to furnish **The Kingston Township Police Department** or any of **The Kingston Township Police Department's** agents, with any and all records, files, and other information (including police records juvenile records) in their possession with respect to me, in connection with my application for employment with **The Kingston Township Police Department**.

Further, I hereby release from any and all liability and hold harmless all persons, institutions, or corporations supplying this information to **The Kingston Township Police Department**, and release from any and all liability and hold harmless **The Kingston Township Police Department** and its agents, from receiving and using such information. Upon written request from me, the **Township** will provide me with additional information concerning the nature and scope or any such report requested by it, as required by the Fair Credit Reporting Act.

I understand and acknowledge that this Authorization is not an expressed or implied contract of employment nor shall it be interpreted as such.

I understand that in the event the investigating agency finds conduct that is illegal or unbecoming of a police officer and I am currently serving in the capacity of a police officer in a jurisdiction, the investigating agency has my permission to disclose the information to my current employer.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I also acknowledge that a facsimile (FAX) or photographed copy of this *Release Agreement* is as effective as the original:

This *Release Authorization* is valid for one (1) year from the date set forth below.

Applicant Signature _____ **Today's Date:** _____

Printed Name: _____

Street Address: _____

City: _____ **State** _____ **Zip Code** _____

Social security number: _____ - _____ - _____ **Date of Birth:** _____

Maiden name if applicable: _____ **Other last names used:** _____