CITY OF HARRISBURG Waiver and Release for Background Investigation

By this release, I hereby authorize any representative of any of my former employers, and any representative of any organizations from which I sought employment, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the City of Harrisburg. I also authorize all former employers and organizations from which I sought employment identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the City of Harrisburg, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers and organizations from which I sought employment identified in my employment application to provide, and for the City of Harrisburg to obtain, full and free access to the background and history of my personal life, my employment history and performance, and my history of making application for employment, for the specific purpose of permitting the City of Harrisburg to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the City of Harrisburg in determining my suitability for employment as a Police Officer. It is my specific intent to provide the City of Harrisburg with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers and organizations from which I sought employment, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my records obtained through the application process, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records complied during or as the result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers and organizations from which I sought employment identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I herby release all former employers and organizations from which I sought employment identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any tine 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. I direct all former employers and organizations from which I sought employment identified in my employment application to release such information upon request of the duly accredited representative of the City of Harrisburg, regardless of any agreement, written or oral, I may have made with the former employer or organization from which I sought employment to the contrary.

In addition, I also give the City of Harrisburg the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a City

of Harrisburg employee including, but not limited to the following: Educational Records, Military Records, Credit Information, Criminal Records, Medical Records, Employment Records, Social Media Websites (Facebook, Twitter, Instagram, etc.) and Motor Vehicle Records. I release and hold harmless the City of Harrisburg, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any tine result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer or organization from which I sought employment will be used by the City of Harrisburg in conjunction with employment procedures.

I understand that if a former employer or organization from which I sought employment refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the City of Harrisburg may disqualify me from further consideration for employment as a Police Officer.

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

I agree to indemnify and hold harmless the person, to whom this request is presented, as well as 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.

Signed:				
		Print Name		_
Date		Signature* * Must be signed in the presence of a notary public.		– otary public.
		Street Address		
		City	State	Zip Code
On this	day of		, 2019, befor	e me, a Notary Public,
personally appeared			, known to me (or sa	itisfactorily proven) to be
the person whose name	is subscribed o	n this document	. I acknowledge that he	e/she executed the same
for the purpose therein co	ontained.			
In witness wherec	f, I hereunto se	t my hand and s	eal	
				SEAL
My commission ex	xpires:			