

CERTIFICATION OF ACCURACY AND WAIVER FOR THE RELEASE OF INFORMATION

I, _____, certify that I am _____ years of age, that I am the within
(Applicant's Name)
named applicant for police officer and that the several statements contained herein are true and correct to the best of my knowledge and belief; and that the answers made were made by me in my own hand.

I realize that the Manheim Township Police Department will conduct a background investigation on me if I am under consideration for employment as a police officer and I specifically authorize them to do so. I authorize any person, agency or entity to release any and all information about me in their possession to the Manheim Township Police Department or any person, agency or entity acting on their behalf. Information to be released includes but is not limited to any information as to my character, general reputation, personal characteristics, education, mode of living, financial/credit history/status, and health history/status as well as any and all information about me obtained preparatory to, during and after any polygraph examination including the results of any such polygraph examination.

I hereby release the Township of Manheim, agencies and departments thereof including the Police Department, any person or entity acting on their behalf, and all other persons or entities releasing information from any damages or liability as a result of releasing any information to any member of the Manheim Township Police Department or any person or entity acting on their behalf.

I further authorize that photocopies of this waiver for the release of information, accompanied by a verbal or written request from the Manheim Township Police Department or person or entity acting on their behalf, be honored as the original.

Signed: _____
Signature of Applicant

SIGNATURE AND STAMP OF NOTARY PUBLIC OR OTHER OFFICIAL EMPOWERED TO ADMINISTER OATHS

_____ personally appeared before me this _____ day of
(Applicant's Name)
_____, 20____, and after being duly sworn or affirmed according to law, deposes and says that he/she is the within named applicant and that the information contained herein is true and correct to the best of his/her knowledge and belief. The applicant signed the application in my presence attesting to the accuracy of the information contained in the application and authorizing the release of information as specified in the Waiver for the Release of Information.

SWORN OR AFFIRMED AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20____.

SIGNATURE OF NOTARY PUBLIC OR OTHER
OFFICIAL EMPOWERED TO ADMINISTER OATHS

Typed Name and Address of Official

My Commission expires _____.

(MUST BE STAMPED)