

# ALDAN POLICE DEPARTMENT

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the Aldan Borough Police Department and/or a member of the Aldan Borough Police Department, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all transcripts and other records made by or in the possession of any educational institutions, financial or credit institutions, including records of deposits, withdrawals, and balances or checking and savings accounts and loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings); Medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the United States Veterans Administration; public utilities; employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaints, arrest, trial and/or conviction for alleged or actual violations of the law, including juvenile and adult criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

This release specifically includes, among other things, any records in the possession of the Commonwealth of Pennsylvania Department of Revenue and any other State, Federal, or local tax assessing or collecting authority; any records including policy, premium, and claim information in the possession of any insurance company or agency; any personnel, medical, disciplinary or other records in the possession of any branch of the United States Armed Forces or the military forces of any state.

It is the intent of this authorization to provide a full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Aldan Borough Police Department, to consider in determining my suitability for employment by that agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access any records not specifically mentioned herein.

I understand that any information obtained by the personal background investigation which is developed directly or indirectly, in which or in part, upon this release authorization will be considered in determining my suitability for employment by the Aldan Borough Police Department. I have had explained to me and I fully understand that the refusal to grant this authorization will constitute a basis for rejection of my application for the position of Police Officer with the Aldan Borough Police Department.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_

Witness \_\_\_\_\_

Print the application, fill it out, and bring it in for employment consideration.

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

NAME			DATE
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS			
STREET	CITY	STATE	ZIP
PERMANENT ADDRESS			
STREET	CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: ☐ Yes ☐ No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER