

Authorization and Release to Obtain Information

I, _____ authorize the Village of Rockford to conduct a background investigation in connection with my application for employment. I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such an investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources.

I authorize the release of any information that the Village of Rockford may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the Village of Rockford.

I hereby release the Village of Rockford, Ohio, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Village of Rockford.

Signature

Date

State of _____

County of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the _____ day of _____, 20 _____.

My commission expires _____, 20 _____. Notary Public
Signature

Notary Public (Type or Print) Name (Official Seal)