

***Authorization for Release of Personal Information
To Law Enforcement Agencies for
Certification / Employment Purposes***

To Whom It May Concern:

I am an applicant for a position with the Locust Police Department. In order to determine my suitability for employment. I understand that the Locust Police Department, City of Locust, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB ____/____/____, Operators License Number & State _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification / licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Locust Police Department, City of Locust, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Locust Police Department, City of Locust, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Locust. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Locust Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

Locust Police Department



Frank L. Hartsell
Chief of Police
flhartsell@locustnc.com

Post Office Box 190
186 Ray Kennedy Drive
Locust, NC 28097
(704) 888-4744 Phone
(704) 888-1568 Fax

Background Investigation Authorization Form

Full Name: _____
 First Middle Last

Date of Birth: ___/___/___

Address: _____
 Street

Home Phone: _____

 City State Zip

Work Phone: _____

Social Security Number: ___ - ___ - _____

Driver's License Number: _____

Acknowledgment:

I hereby authorize the Locust Police Department and agents thereof to use the information provided by me on this document for purposes of investigation of my personal history for use in consideration of possible employment with the City of Locust. I also hereby release the Locust Police Department, the City of Locust, their agents and heirs from any liability, either expressed or implied for any information obtained either directly or indirectly from the use of any information supplied by me or anyone else. I also understand and acknowledge that I am not employed by, working for, a member of or in any other way affiliated with the City of Locust or the Locust Police Department for the purposes of reimbursement, financially or otherwise at this time. I understand that the information obtained through this investigation will be used in consideration for possible employment by the City of Locust and that disqualifying information obtained during the course of the investigation may prevent me from being employed by the City of Locust.

Signed: _____

Date: ___/___/___

Witness: _____

Date: ___/___/___