



GOSHEN POLICE DEPARTMENT

RECORDS CHECK General Authorization for Release

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Goshen City Police Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs or other documents.

I hereby waive any objection to the release of said information and grant the Goshen City Police Department, or its designated agent(s), any right I have to said information.

I hereby authorize access to any social network accounts I may have. I understand that this information in itself will not disqualify me, but will provide the agency additional information that will assist in a reasonable background investigation.

I also authorize investigation of all statements made in my application for employment.

Applicant Signature (Full Legal Name)

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I hereby authorize all schools and previous employers to furnish the Goshen City Police Department my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the City of Goshen and its employees from liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the City of Goshen, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

Date

Applicant Signature (Full Legal Name)

State of Indiana

County of _____

Before me, the undersigned, a Notary Public, for _____ County, State of Indiana, personally appeared the

above subject, _____ and acknowledged the execution of the foregoing instrument this

_____ day of _____, 20_____.

Signature

Notary Public (_____)

Print Name

Resident of _____ County

Commission Expires _____