

CONSENT TO RELEASE INFORMATION AND RELEASE LIABILITY

To Whom It May Concern:

I am an applicant for the position of Police Chief/Officer for the Town of Odessa. The Town needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. I have authorized the Town to gather all available information regarding my employment background and personal history, including medical and other information, which may be of a confidential or privileged nature.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation: my military service record, my financial status, my criminal history record including any arrest records and information contained in investigatory files. I request your cooperation in supplying this information to the Town of Odessa in response to a request from the Town.

I hereby agree to release you and those who supplied you with information of any kind, your company or organization, and the Town of Odessa, its employees and any member of any hiring review committee from any liability for any damage that may result from furnishing the requested information. I understand that this information will be kept confidential and separate from my application and will only be used for the purpose of making an employment decision.

I hereby authorize the Town of Odessa to have the Lincoln County Sherriff’s Office run/complete a criminal history background check, including driver’s license check.

I understand that the position for which for which I have applied may have unsupervised access to children under 16 years of age or developmentally disabled persons. Pursuant to RCW 43.43.834, Section 2, I am requested to provide the following information in connection with employment status:

QUESTION: Have you ever been found by any criminal or civil court or any disciplinary board finial decision or in any decision of the Director of the Department of Licensing to have been guilty of committing offenses referenced in RCW 43.43.834. Section 2 (generally categorized a sexual assault, abuse or exploration of any minor, vulnerable adult or developmentally disabled person)?

Yes () No ()

If your answer to this question is yes, please provide below the details of the conviction or decision, the date of the conviction, and the court, board or department in which you were convicted or the decision was made:

To any Federal employer, an agency and department of the military:

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Town of Odessa in conjunction with employment procedures.

Applicant's Signature

Subscribed and sworn to before me
on _____ day of _____ 20_____

Printed Name

Notary Public for the State of Washington

Date

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.