



# *Warsaw Police Department*

128 W. Bay St

Warsaw, NC 28398



**ERIC SOUTHERLAND**  
Chief of Police

**(910) 293-7816**  
Non-Emergency Phone

## **Authorization for Release of Personal Information to Law Enforcement Agencies for Employment Purposes**

To Whom It May Concern:

I am an applicant for a position with the Warsaw Police Department. In order to determine my suitability for employment, I understand that the Warsaw Police Department 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 \_\_\_/\_\_\_/\_\_\_\_\_, Operator's License # \_\_\_\_\_, 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 agency of Warsaw Police Department regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Warsaw Police Department from any civil or criminal liability whatsoever for seeking such requested information and for evaluation such information as it relates to my employment with the Warsaw Police Department. I further hereby release the issuing agency and its agents, 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. I do further hereby authorize the Warsaw 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 officer. 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 employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment process has been completed, whichever is later.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me,

This is the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public & Seal

\_\_\_\_\_

My commission Expires: \_\_\_\_\_