



Borough of East Greenville Police Department
206 Main Street, East Greenville, Pennsylvania 18041

AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION

I, _____, hereby authorize the Borough of East Greenville Police Department, and/or its agents to fully investigate my background, which I understand may include information regarding my references, character, past employment, education, social media, credit history, driving record, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the time of my service with the Borough of East Greenville Police Department.

I hereby authorize and request any prior or present employer, law enforcement agency, credit investigation agency, financial institution, bank lending company, credit card company, educational institution or other individuals or entities having personal data about me to furnish the Borough of East Greenville Police Department or any of the Borough of East Greenville Police Department's agents, with any and all records, files and other information (including police records and juvenile records) in their possession with respect to me, in connection with my application for employment with the Borough of East Greenville Police Department.

Further, I hereby release from any and all liability and hold harmless all persons, institutions, or corporations supplying this information to the Borough of East Greenville Police Department, and release from any and all liability and hold harmless the Borough of East Greenville Police Department and its agents, from receiving and using such information. Upon written request from me, the Borough of East Greenville will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand and acknowledge that this Authorization is not an express or implied contract of employment nor shall it be interpreted as such.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. I also acknowledge that a facsimile (FAX) or photographic copy of this Release Agreement is as effective as the original.

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

This Release Authorization is valid for one (1) year from the date set forth below.

Applicant Signature: _____ Date: _____