

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND AUTHORIZATION  
AND RELEASE REGARDING BACKGROUND INVESTIGATION OF POLICE DEPARTMENT APPLICANT**

I, \_\_\_\_\_, am making application to become an employee for the Post Falls Police Department. I am currently employed at \_\_\_\_\_.

I fully understand that the Post Falls Police Department will perform a complete and thorough background investigation to ensure that I have the necessary skills, abilities, and character to properly perform the duties as an employee for this agency. I recognize and understand that the referenced background investigation will include, but will not be limited to inquiries that are designed to determine and/or confirm my personal history and to determine whether or not I have at any time in the past or am presently involved in any conduct which the Post Falls Police Department deems unacceptable would disqualify me from employment, including but not limited to criminal misconduct, domestic violence, use of illegal drugs, dishonesty and/or immoral behavior, misconduct in other employment, etc. I fully understand that I will be asked to submit to a polygraph examination and asked many questions, including any information that I provide or is obtained as a result of the referenced background investigation. I also understand that the information obtained by virtue of the referenced background investigation may result in my not being hired by the Post Falls Police Department.

It is my intent by this authorization to give my consent for full and complete disclosure of any and all records regarding myself, including but not limited to records of educational/training institutions; financial or credit institutions; any and all records regarding any of my previous employment, including but not limited to all such employment or pre-employment records, including prior background investigations, performance/efficiency reports, complaints or grievances filed by or against me and any and all related records, including records and/or recollections of any and all attorneys at law, or other counsel, whether representing me or another person in any case, either criminal, administrative or civil in which I presently have or have had an interest.

I understand that any information obtained as a result of the referenced background investigation which is developed directly or indirectly, in whole or in part, based upon this authorization will be considered in determining my suitability for employment with the Post Falls Police Department.

With full recognition of the above, I hereby give the Post Falls Police Department full and complete authorization to conduct the referenced background investigation regarding me. Further, I do hereby release the City of Post Falls, the Post Falls Police Department and any and all employees or representatives of said City, along with all persons or entities, whether public or private, who provide information to the representatives of the City of Post Falls who are conducting this background investigation from any and all liability, claims, allegations, lawsuits, however characterized, which may arise or be incurred as a result of the referenced background investigation. Further, in the event I am currently employed by a law enforcement agency, whether employed as a law enforcement officer, correctional officer, dispatcher or any other position with a criminal justice related agency of any type, I understand that information obtained during this investigation and/or the results of this background investigation may be made available to my current employer, whether or not I am offered employment with the Post Falls Police Department. I understand that this disclosure may result in adverse consequences to me, in my current job, including but not limited to termination from employment, negative reference information being provided in the future and possible criminal investigation and/or prosecution. In signing this authorization I acknowledge that I understand and agree that this constitutes a complete and final release from liability and shall foreclose any and all claims, allegations, lawsuits or causes of action of any nature, whether legal or equitable, which I may have against any persons or entities who participate in the referenced background investigation or provide any information in response to any inquiries arising out of the referenced background investigation and I expressly acknowledge that I, my heirs, executors, administrators, successors, assigns, etc. are completely foreclosed from pursuing any claims for any form of relief, damages, fees, costs, etc. under any rule or provision of law, either state or federal, that are in any way related to the referenced background investigation.

I expressly agree that a photocopy of this form will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
**Applicant's Signed**

\_\_\_\_\_  
**Date Signed**

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared before me,

\_\_\_\_\_ who is personally known to me

\_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_

\_\_\_\_\_ whose identity I proved on the oath/affirmation of

\_\_\_\_\_, a credible witness,

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

\_\_\_\_\_, Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Stamp Here