



120 W. Washington Street
MONTICELLO, INDIANA 47960
Phone 574-583-3151

Authorization for Release of Personal Information to Fire Department Agencies for Employment Purposes

To Whom it May Concern,

I am an applicant for a position with the Monticello Fire Department. In order to determine my suitability for employment, I understand that the Monticello Fire Department, City of Monticello, Indiana 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, _____, Operators 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 agent of the Monticello Fire Department, City of Monticello, Indiana regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Monticello Fire Department, City of Monticello, Indiana from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Monticello. And, I hereby release the issuing agency and its agents and employees, 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 as allowed by law. I do further authorize the Monticello Fire 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 Firefighters or EMS commission. This is to include, but not limited to Indiana Department of Homeland Security Fire or EMS agencies, Indiana

Attorney General's Office, agencies of other states and the federal government, and the applicant's employing agency.

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

I do ___ do not ___ give consent for the Monticello Fire Department to contact my present employer prior to a conditional offer of employment being tendered. I understand that information obtained from my current employer could result in the conditional offer being rescinded.

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

State Of _____
County Of _____

Subscribed and sworn to before me.
This the _____ day of _____, 20_____

Notary Public (Official Seal)

My Commission Expires: