



CITY OF ESPAÑOLA
DEPARTMENT OF PUBLIC SAFETY
ESPAÑOLA POLICE DEPARTMENT
Mayor Alice A. Lucero

Leo R. Montoya
Chief of Police

ESPAÑOLA CITY POLICE DEPARTMENT
RECRUITING/SELECTION SECTION
BACKGROUND HISTORY/RECORDS – RELEASE OF LIABILITY
ACKNOWLEDGMENT OF CONFIDENTIALITY

DOB: _____ SOC: _____

Applicant's Name (Please Print)

I _____ am an applicant for a position with the Española Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Española Police Department. I hereby authorize Española Police Department Recruiting/Selection personnel bearing this document to obtain any information in your files pertaining to me and I hereby direct you to release such information upon request to the bearer. I do hereby authorize a review of a full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the Española Police Department, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to my background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Española Police Department to consider in determining my suitability for employment with the department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

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 records, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigation files, efficiency ratings, complaints or grievances filed by me or against me, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed confidential, and/or sealed. I request that you allow employees, including supervisors and coworkers to be interviewed by Española Police Department Recruiting/Section detectives regarding any aspects of my employment with you or your organization.

I hereby release you, your organization and all others from liability or damages that may result from furnishing the information requested, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with such. I hereby expressly waive any claim of privilege with respect to any disclosures made pursuant to this release. I direct you to release such information upon request of the duly accredited representative of the Española Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to the release will discontinue processing my application if you refuse to disclose the information requested.

Initials

**BACKGROUND HISTORY/RECORDS
RELEASE OF LIABILITY**

For and in consideration of the Española Police Department's acceptance and processing of my application for employment, I agree to indemnify and to hold the City of Española, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Española Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Española Police Department in conjunction with employment procedures. I further understand that information furnished will remain confidential and will be used for the use of the Española Police Department personnel, and will not be released to me now or in the future.

I hereby acknowledge understanding and agree that all information and materials gathered by the Española Police Department, either for me or from other sources is and shall remain the sole and exclusive property of the police department, including but not limited to all test instruments, questionnaires, inquires, acknowledgments, credit reports, and any other document which might be found in my background file.

A photocopy of FAX copy of this release form will be valid as the original thereof, even though the said photocopy of FAX copy does not contain original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the City of Española, the Española Police Department and the person and/or organization to whom this request is presented and their agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying or attempting to comply with this request. I acknowledge that the burden of providing my qualifications for such employment is at all times upon me.

Applicants Name _____
(Please Print)

Social Security # _____

Applicant's address _____

Signature _____ Date ____/____/____

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public My Commission expires _____