

**Bath Charter Township Fire Department
Authority for Release of Information**

Last Name: _____ Social Security # _____
First Name: _____ Place of Birth: _____
Middle Name: _____ County or City: _____
Suffix: _____ State: _____
Sex: _____ Country: _____
Race: _____
Date of Birth: _____

I, _____, Do hereby authorize a review and full disclosure of all records, or any part of, compliance, whether the said record are of public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals, and balances of checking accounts, savings accounts, loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); Public Utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever's located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent information or data for the Bath Township Fire Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the source of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part; upon this release of information will be considered in determining my suitability for employment by Bath Township Fire Department. I understand that all materials pertaining to this background investigation become the property of the Bath Township Fire Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photograph/digital copy of this release form will be valid as an original hereof, even though said photocopy/digital copy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Signature _____

Address: _____

City, State, Zip _____

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

My commission expires _____ 20____.

Notary _____