

Applicant Statement and Authorization to Release Information

I hereby certify that all answers to the above questions are true and correct. I understand that any misstatement of material facts contained in this application will cause forfeiture upon my part of all rights to any employment subject to the jurisdiction of the Law Enforcement Personnel Board of Shelby County, Alabama. I understand that this application and all papers in connection with the examination shall be confidential records of the SCLEPB subject to the inspection of the appointing authority as provided by the rules and regulations and to my personal inspection.

I, (print full name) _____, am an applicant for employment with the Shelby County Sheriff's Office. In order to process my application, certain information must be available to the Sheriff of Shelby County. This information is for my benefit. This release is valid for a period of two years from its date. All information will be held confidential.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting organization; and all governmental agencies and instrumentalities (Local, State, Federal, or Foreign) wherever said individuals or organizations are situated, to release to the Sheriff of Shelby County or to any representative thereof, any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, 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 heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Sheriff of Shelby County or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making this request in person. Should there be any question as to the validity of this release, you may contact me as indicated below.

Date _____ Signature of Applicant _____

Address _____ City, State, Zip _____

Cell phone _____ Home/work/other phone _____

Driver License Number _____ Issuing State _____

Affidavit: I, (applicant prints name) _____, being first duly sworn, depose and say as follows: I am the person who executed the above authorization; I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature of Applicant _____

Notary: Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public _____ My commission expires: _____