**City of Utica Police Department**

**Background Investigation Questionnaire**

 **Authorization/Release**

Candidate’s name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In connection with my application to the Utica Police Department, I hereby release the City of Utica, the Utica Police Department, all of their officers, employees and agents from any liability and responsibility for problems arising from the preparation of a background investigation.

**I authorize all:**

**Doctors, Physicians, Psychologists, Psychiatrists, Dentists, Hospitals, Mental Health Agencies, etc.;**

**Authorized persons at any School, College, University, Business/Trade School;**

**Local, County, State or Federal Law Enforcement Agencies, The Justice Center, and Court Systems;**

**Past or Present Employers;**

**Credit Bureaus, Bank/Financial Institutions, Credit Unions, or Insurance Companies;**

**State, County or Local Bureau of Vital Statistics;**

**To release requested information without restriction or qualification.**

I also authorize the National Personnel Records Center, St. Louis, Missouri, or any other custodian of my military record(s) to release to the City of Utica Police Department information or photocopies from my military personnel file and related records. This may include a photocopy of my DD Form 214, Report of Separation, and any medical records.

I am aware that any omissions, falsifications, misstatements or misrepresentation within the papers filed may disqualify me for consideration for employment consideration and if I am hired, may be grounds for termination at a later date. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief, all of the statements contained herein are true, correct, complete and made in good faith.

I agree that a photocopy of this Authorization be considered as effective and as valid as the original.

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Candidate’s signature Date

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Witness Signature Date

If the candidate is a minor, this release form must be signed and approved by a parent or legal guardian.

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Parent/Legal Guardian Signature Date