

AUTHORIZATION AND RELEASE

I hereby authorize the Police Department of the City of Fort Dodge, Iowa and/or any other law enforcement agency of the State of Iowa, or any other law enforcement agencies, to give authorized representatives of the City of Fort Dodge, Iowa and the Fort Dodge Civil Service Commission, any information it may have, possess, or may obtain bearing upon any criminal or misdemeanor record, and previous employment records that I may have as authorized by Chapter 692 of the Iowa Code.

It is understood that any information so obtained may be used by the City of Fort Dodge, Iowa and the Fort Dodge Civil Service Commission in determining any fitness for employment by the City of Fort Dodge, Iowa.

I hereby release the above law enforcement agencies, the Fort Dodge Civil Service Commission, former employers and/or any officials and employees thereof from any claims, demands or rights that I may have against them.

I understand that any false information I may have given, written or orally, will be sufficient cause for further consideration for the position for which I have applied, or for immediate dismissal in the event that I am employed with the City of Fort Dodge, Iowa.

Date: _____

Witnessed by: _____

Position: _____

Signature (Legal Name) DO NOT PRINT

NOTARY PUBLIC IMPRINT SEAL

Other names you have been known as:

Note: This form must be witnessed in the presence of a Notary Public.