



Town of Bernalillo Police Department

829 Camino Del Pueblo, P.O. Box 638, Bernalillo, New Mexico 87004
Police Department (505) 771-5872 Human Resources (505) 771-7112

BACKGROUND HISTORY and RECORDS RELEASE OF LIABILITY

ACKNOWLEDGEMENT OF CONFIDENTIALITY

Name: _____ DOB: _____ SSN: _____

I am an applicant for a position with the Bernalillo Police Department. The department needs to thoroughly investigate my employment background history 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 Bernalillo Police Department. I hereby authorize the Bernalillo 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 Bernalillo Police Department, whether said records are public, private, or confidential in 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 purposes of pursuing a background investigation that my provide pertinent data for the Bernalillo 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, 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 Bernalillo Police Department Recruiting/Selection personnel 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 my results 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 of 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 Bernalillo 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.

For and in consideration of the Bernalillo Police Department's acceptance and processing of my application for employment, I agree to indemnify and to hold the Town of Bernalillo, its agents and employees harmless or 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 Bernalillo Police



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(continued)

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 by rights under Title 5, United States, 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 Bernalillo 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 Bernalillo 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 Bernalillo 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, acknowledgements, credit reports, and any other document which might be found in my background file.

A photocopy or facsimile copy of this release form will be valid as the original thereof, even though the photocopy or facsimile 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 indemnity and hold harmless the Town of Bernalillo, the Bernalillo Police Department and the person and/or organization to whom this request is presented to 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.

(Please Print)

Name: _____

Mailing Address:

Street	City	State	ZIP

Signature of Applicant

County of: _____

State of: _____

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

Signature of Notary Public

My commission expires on: _____