

Auxiliary Communication Team and Emergency Operation Center

Background Application

Printed Name (First Middle Last):

Address:

Phone Number: _____

Date of Birth: ____/____/____

Driver's License Number/State: _____

Unit you are applying for:

AuxComm

EOC

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I authorize you to furnish the Latah County Sheriff's Office with any and all information that you may have concerning me, my work record, my reputation, my military service records, and my financial status. Information of a confidential and/or privileged nature may be included. Your reply will be used to assist the sheriff's office in determining my qualifications and fitness for the position I am seeking.

I understand my rights under Title 5, United States Code, Section 552a; the Privacy Act of 1974; and waive those rights with the understanding that information furnished will be used by the Latah County Sheriff's Office.

I hereby release you, your organization and others from any liabilities or damages which may result from furnishing all information requested.

Print Name

Signature

Notarization:

Subscribed and sworn to before me on the _____ day of _____, 20_____.

Notary Public

For the State of

Residing at

(SEAL)

Commission expiration

****NOTE:** This form must be signed in the presence of a Notary Public. A photocopy reproduction of this shall for all intents and purpose as valid as the original. You may retain this form in your files.

Clear Wants

Clear Criminal History

Checked and Verified: _____

Dispatcher: _____ Date: _____

Unit Coordinator: _____