

CITY OF FAIRFIELD RELEASE OF LIABILITY

I fully recognize that under California law, individuals must clearly demonstrate their personal, medical and psychological fitness to serve in the position of a _____. I further recognize that an employing agency has both a legal and a moral obligation to take every reasonable effort to insure that any person employed by them will conform to the very highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such an investigation will include contacting persons and/or organizations who have information relating to my fitness, including information protected under 832.7 of the Penal Code and 1043 of the Evidence Code. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy.

Therefore, I exonerate, release and discharge the City of Fairfield and the Fairfield Police Department, their officers, agents, or assigns, now and in the future from any claim or damages, where in law or in equity, on behalf of myself, my heirs, agents or assigns for their refusal to make available any and all information contained in this pre-employment investigation; including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review or otherwise discover the contents of this investigation and all documents related thereto pursuant to Labor Code Section 1198.5 or other legislation, where by request, appeal, grievance or by legal process.

Dated this _____ day of _____, 20____, in _____.
(This release is valid for 90 days from date of signature.)

(Signature)

State of California }
 } SS.
County of _____ }

On _____, before me, _____, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: _____ SSN: _____

TO WHOM IT MAY CONCERN:

I am an applicant for the position of _____ with the Fairfield Police Department. Under California Law, Government Code Section 1031.1 and Administrative Code Section 1002(a)(3), my prospective employer is required to conduct an investigation into my personal, medical and psychological fitness to serve in this capacity.

I hereby authorize you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), medical, surgical, psychological and dental records (pursuant to the Medical Information Act, Civil Code Section 56 et seq.), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300(b)(10), and/or any other information which you may possess. And I exonerate, release and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation so your responses will be completely confidential pursuant to Labor Code Section 1198.5. You may retain this form for your files.

Dated this _____ day of _____, 20____ in _____.
(This release is valid for 90 days from date of signature.)

(Signature)

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 } SS.
County of _____ }

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