



## BLOOMINGDALE POLICE DEPARTMENT

201 S. BLOOMINGDALE ROAD  
BLOOMINGDALE, ILLINOIS 60108  
(630) 529-9868 ADMINISTRATIVE  
(630) 529-1836 ADMINISTRATIVE FAX

FRANK GIAMMARESE  
DIRECTOR OF PUBLIC SAFETY

### APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

To whom it may concern: I am an applicant with the Bloomington Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

By my signature below, I certify that the information provided in my Employment Application is true, complete, accurate, and that misrepresentation of any material fact may be grounds for ineligibility for or termination of employment. I understand that I may be required to submit proof of previous employment, education, military service or other statements made in my employment application. I authorize a review of and full disclosure of all information-covering job-related factors for the purposes of verifying and determining my suitability for employment with the Village of Bloomington.

I hereby authorize the Village of Bloomington Police Department to conduct a criminal history/background investigation (including school, bank, credit records, past and present employers, supervisors, co-workers, neighbors, and personal references) pursuant to my recent application for a position with the Bloomington Police Department. In connection with my application for employment, I understand that a consumer report and/or investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job description, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. I understand that a request for information from my prior employers will include information about me, my work record and my reputation and will include a request to view/copy of personnel file.

I hereby authorize any representative of the Bloomington Police Department bearing this release to obtain any information in the files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bloomington Police Department, whether said records are of public, private, or confidential 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 the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bloomington Police Department to consider in determining my suitability for employment in that 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, educational records, my financial status, my criminal history record, any information contained in investigatory files, efficiency ratings in which I presently have, or have had an interest, attendance records, polygraph examinations, personnel files; any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, 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 to me, my heirs, family, or associates because of compliance with this authorization and request to release

information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Bloomingdale 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 this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Bloomingdale Police Department's acceptance and processing of my application for employment, I agree to hold any agency, its agents and employees harmless from 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

Bloomingdale Police 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 my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Bloomingdale Police Department in conjunction with employment procedures.

I further waive any right that I may have pursuant to the Illinois Personnel Record Review Act, 820 ILCS 40/1 et seq., to written notice from former or current employers before they release disciplinary information to investigators or other duly accredited to written notice from former or current employers before they release disciplinary information to investigators or other duly accredited representatives of the Bloomingdale Police Department or its Board of Fire and Police Commissioners.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of three years from the date of my signature. Should there be any questions 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 indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I acknowledge and assert, under penalty of perjury, that the electronic signature is my own and carries the same legal significance as a traditional signature.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City, State, ZIP

( ) \_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date