South Sioux City Police Department
701 West 29th Street
South Sioux City, NE 68776
Phone: (402) 4947553 FAX: (402) 494-7507

Authorization and Release

In consideration of South Sioux City Police Department's evaluation of my suitability for employment, I authorize the South Sioux City Police Department and/or its designated agent to perform all checks of my credentials as allowed by law, including, but not limited to, discussions with supervisors, co-workers, friends, business associates, former employers, teachers and/or educational institutions, or other individuals that the South Sioux City Police Department, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I further authorize any employer, law enforcement agency, administrator, state agency, court, institution or private information bureau that has any record or knowledge of my credentials, including, but not limited to, criminal history, motor vehicle operation history, past addresses, or financial history, to provide the South Sioux City Police Department and/or its designated agent any such information. Permission is also granted for information to be released by any state agency or Department of Labor, Worker's Compensation Division, Worker's Compensation Court, Child Abuse Registration and Military records Repository.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will be so advised and be given the name of the reporting agency or source of information.

I agree not to assert any claims or causes of actions of any kind against the South Sioux City Police Department, its agents, its employees, or any individuals or companies contacted by the South Sioux City Police Department arising out of the South Sioux City Police Department's investigation. I further release and forever discharge the South Sioux City Police Department, its agents, its employees, and the individuals or companies contracted by the South Sioux City Police Department as part of its investigation from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the South Sioux City Police Department's investigation of my credentials. I acknowledge that the South Sioux City Police Department has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

_____ _____
Applicant Signature Date

_____
Applicants Full Name (Type or Print Legibly)

_____ _____
Date of Birth Social Security Number

_____ _____
Driver's License Number State of Issue

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Subscribed & sworn before me, _____ on the _____

day of _____, 20_____.

_____ _____
Notary Public My Commission Expires

Applicant information requested is to be returned to the South Sioux City Police Department at the above address.