

## Authorization Release Form

I authorize and empower the Farmington, Illinois, City of Farmington, any consumer reporting agency, or other outside service company engaged by said city for this purpose now or subsequently, to obtain , prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, and mode of living, through correspondence or personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.

I also hereby authorize and give my consent to the release of my criminal conviction record, including traffic conviction record, if any by the City of Farmington as may be required for the purpose of employment.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Farmington, the Farmington Police Department, or any of its officers or employees as a result of the release of such records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

# Release and Waiver of Liabilities

## Physical Ability Testing Process

The undersigned hereby releases, remises and discharges the City of Farmington, Illinois, a Municipal Corporation, its officers, any and all claims, demands and liabilities to me on account of any and all injuries, losses and damages to my person or property which I have causes, or may at any time arise as the result of certain Police Examination Ability Test conducted by the Board of Police Commissioners of said City of Farmington, the intention hereof being to completely, absolutely and finally releases said City of Farmington and its officers, servants, agent, independent contractors, and employees of and from any and all liability arising wholly or partially from the cause of aforesaid.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Non-Physical Testing Process

The undersigned hereby, releases, remises and discharges the City of Farmington, Illinois, a Municipal Corporation, its officers, servants, agent, independent contractors, and employees of and from any and all claims, demands and liabilities to me and on account of any and all injuries, losses and damages to my person or property which have been caused, or may at any time arise as the result of or through the use or release of the results of any of the tests or examinations whether on my emotional make-up, veracity and honesty or aptitude conducted by or on behalf of the Board of Police Commissioners of said City of Farmington and its officers, servants, agent, independent contractors, and employees of and from any and all liability arising wholly or partially from the cause of aforesaid.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Certificate of Applicant and Authorization for Release of Information

I, \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements, misrepresentations, or omissions of material facts will cause forfeiture on my part of all right to initial employment or continued employment by the City of Farmington Police Department.

I also do hereby authorize all law enforcement agencies, the Veteran's Administration, U.S. Army, U.S. Navy, U.S. Air Force, all military agencies, and all federal, state, or local universities, to furnish the Farmington Police Department with any and all available information regarding me and for the release of any medical, physical, psychiatric, psychological records to the Farmington Police Department in other that the City of Farmington Police Commission may determine my suitability for Police work.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may issue from the furnishing such information to the City of Farmington Police Department.

A photo static or Xerox of this authorization will be considered as effective and valid as the original.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Physician's Certification

I hereby certify that I have personally given a thorough medical examination to \_\_\_\_\_ on the date of \_\_\_\_\_, and further certify that he/she/they is/are physically able to undergo a physical ability examination, which include the following exercises:

- Running
- Jumping
- Climbing
- Lifting Weights
- Cardio-respiratory endurance

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_