

# **FRANKLINTON POLICE DEPARTMENT**

## **EMPLOYMENT APPLICATION**

### **POSITION APPLYING FOR:**

\_\_\_\_\_ FULL TIME POLICE OFFICER

\_\_\_\_\_ RESERVE POLICE OFFICER

\_\_\_\_\_ COMMUNICATIONS OFFICER

\_\_\_\_\_ CLERICAL PERSONNEL

\_\_\_\_\_ PART-TIME EMPLOYMENT

To Whom It May Concern:

I hereby authorize any representative of the Franklinton Police Department bearing this release, or a copy thereof, to obtain any information in your files, or copies or any documents, notes or records, pertaining to my employment, application for employment, military; educational; academic; prior law enforcement application; promotional; achievement; attendance; athletic; criminal (arrest, conviction, juvenile); or other personal history information, as well as any medical and mental health information; psychiatric or psychological testing; mental health counseling; substance abuse testing, diagnosis, or counseling; physician or nurse/ technician reports and notes; job performance information; or other information that you may possess about any aspect of my background.

I hereby release you, as custodian of such records, and any local, state or federal government agency or department, school, college, university, repository of medical records, physician, nurse, psychologist or psychiatrist, counselor or mental health professional, credit bureau or consumer reporting agency, individual, business entity, including its officers, employees, or related personnel, both individual and collectively, from any and all liability from any damages, which may result to me at any time, as well as to my heirs, family, or associates, due to compliance with this authorization and request to release information, or any attempt to comply with it. It is further understood that the Franklinton Police Department has my permission and authority to execute this release at any time after the date signed by me, and at any time after I am employed or associated with the Franklinton Police Department to secure additional information, as needed, while I am employed or associated with the Franklinton Police Department.

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

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Investigator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Following are answers to some commonly asked questions concerning the background investigation and applicant selection process for positions with the Franklinton Police Department.

1. This is a competitive process, and there may be more applicants than available positions. If you are rejected for any reason during the selection process, your application will be removed from eligibility. If your application is not rejected, but there are no positions immediately available, your application will remain on file.
2. The length of the hiring process varies with availability of positions and the completeness of your application. There are several steps in the applicant investigation process in which you will be required to participate:
  - Completion of the Personal History Questionnaire.
  - A cursory background investigation, including computerized criminal history checks.
  - In-depth background investigation, including but not limited to interviews with employers and personal references.
  - Review of file by Chief of Police.
  - Administrative Review Board oral interview.
  - Candidates who successfully complete the aforementioned processes will be required to undergo and pass a physical examination and drug screen.
  - A polygraph examination may or may not be utilized in the hiring process.
  - Final review by Chief of Police.

Should the findings of the background investigation contradict the information provided in your Personal History Questionnaire, you may be scheduled for other discrepancy interviews to clarify certain aspects of your background and/or investigative findings.

You must successfully complete each step in the process. Failure to do so will result in your application being rejected. Providing false information during any stage of the investigation shall result in an immediate rejection of your application. Failure to disclose requested information about yourself will weigh heavily against your being hired.

3. The Franklinton Police Department will not release any information to an applicant concerning the status of an application or investigation during the selection process. You will be notified either by telephone or by letter of the next step in the selection process. No information will be supplied to an applicant who calls the Franklinton Police Department requesting results of an interview/examination or information about the next procedure in the process.
4. The results of any aspect of the background investigation, including findings of any psychological, physical, or other type examination or testing procedure, as well as the results of interviews of the applicant or others, will not be released by the Franklinton Police Department to any applicant.
5. You may be contacted at any time during the selection process and scheduled for an interview or testing. You will be notified in advance of the scheduled date by letter or by telephone. If you are unable to attend the scheduled procedure, you should notify an Applicant Investigator as soon as possible before the scheduled date. You must give the reason why you are not able to make the scheduled appointment and request an alternate date. You may, in emergency situations, make such notification by telephone. You will, however, be required to submit a written request for an alternate date.
6. If at any time you wish to withdraw your name from consideration for employment, or in the event you decline an appointment, you will be requested to submit a letter to an investigator stating such.
7. You should notify the investigator of any change in address and/or telephone number. This should be addressed to your investigator, in writing, as soon as possible to avoid any delay in the processing of your application.
8. The Department has no policy prohibiting an applicant from reapplying for a position for which they were previously rejected.
9. Two copies of previous Police Reports you have completed. (If an active Officer)

# QUESTIONNAIRE INSTRUCTIONS

Questionnaire instructions – please read and follow directions prior to completing the questionnaire.

- The questionnaire should be PRINTED legibly in BLUE INK only.
- Your own hand must complete the questionnaire.
- It is your responsibility to accurately complete all blocks. Failure to provide complete and accurate information could cause a delay in the processing of your questionnaire.
- Incomplete questionnaires will not be accepted. Questionnaires which do not contain complete addresses, including city, state, and zip code, will be considered incomplete and will not be processed.
- If you do not know the response to a question, print “Unknown.”
- If the entire section does not pertain to your current situation or past history, place an “X” mark in the box at the beginning of the section to indicate that the section does not apply to you.
- If there is insufficient space available on the front of the page, you must provide all additional relevant information and/or explanations on the rear of the corresponding page.
  - Applicants must provide copies of the following documents:
    1. Certified copy of certificate of birth.
    2. High school diploma or G.E.D.
    3. Any educational transcripts or certificates.
    4. Form DD214 for each period of military service and discharge certificate.
    5. Naturalization certificate for naturalized citizens.
    6. Valid Louisiana drivers license bearing same address as current home address.
    7. Social Security card.
    8. Copy of P.O.S.T. certificate.
- This questionnaire must be returned to the Franklinton Police Department at 409 11th Avenue, Franklinton, LA 70438 between the hours of 9:00 AM and 5:00 PM, Monday through Friday. Questionnaires will not be accepted before or after these hours.

**I have read and comprehend the aforementioned instructions. I understand that providing knowingly false, misleading, or inaccurate information will result in rejection from consideration of employment.**

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**Signature**

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**Date**

**The Franklinton Police Department is an equal opportunity employer.**

## Acknowledgement of Performance Expectations

The Franklinton Police Department is committed to providing the best possible working conditions for its officers. We purchase quality equipment to both ensure your safety and maximize your performance. It is our goal to provide quality training and adopt the best current law enforcement practices. Where we can be innovative, we will.

The Franklinton Police Department can only achieve its goals through the efforts of its most valuable resource, its police officers. As such, there are certain conditions and performance expectations which each applicant must understand before an offer of employment can be made.

Below you will find some of the conditions and expectations which will affect your career with the Franklinton Police Department. Please read each item and initial to the left as acknowledgement that you read the item and understand the terms described therein. If you proceed to the interview stage of the process you will be required to acknowledge that you understand these conditions.

\_\_\_\_\_ If hired, you will be deemed “probationary” for a six month period, with a possible extension to 12 months.

\_\_\_\_\_ A field training period is required, during which you will be evaluated. The length of the training period may be adjusted as your abilities and performance are determined, but will be at least 30 days in duration.

\_\_\_\_\_ Privileges granted to all officers, such as a take-home vehicle, details, overtime, etc., will not be granted for the first 30 days, and may be denied until the field training program is successfully completed.

\_\_\_\_\_ Take-home vehicles are a privilege. This privilege can be suspended as a corrective or disciplinary measure.

\_\_\_\_\_ Shift and team assignments are determined by necessity and the best interest of organizational goals.

\_\_\_\_\_ Normal working hours are established in consideration of traffic patterns, organizational needs, and other factors. You may be assigned to either a 12-hour shift or an eight-hour shift.

\_\_\_\_\_ Overtime for shift coverage is available. You are not required to work this overtime under most circumstances, but are encouraged to volunteer occasionally so as to lessen the burden on your fellow officers.

\_\_\_\_\_ Details are open to all officers, except those under corrective/disciplinary restrictions. While an effort is made to assign details in an evenhanded manner, circumstances may require they be filled by the first available officer.

\_\_\_\_\_ During exigent circumstances you are subject to mandatory duty for the duration of the emergency operations.

\_\_\_\_\_ Professionalism in performance and demeanor is expected of FPD officers.

\_\_\_\_\_ In order to maximize safety conditions for the citizens of Franklinton, FPD officers are expected to actively engage in proactive enforcement of Louisiana criminal and traffic laws.

Franklinton Police  
 409 11th Avenue  
 Franklinton, LA 70438  
 985-839-4474

Leave this area blank:

FINGERPRINTED BY:
PHOTOGRAPHED BY:

POSITION APPLYING FOR:	DATE OF APPLICATION:
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**I. PERSONAL HISTORY**

NAME:	LAST:	FIRST:	MIDDLE:	MAIDEN/OTHER:
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DATE OF BIRTH:	AGE:	PLACE OF BIRTH:	SOCIAL SECURITY:
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HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
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DRIVERS LICENSE NUMBER:	STATE OF ISSUE:	TYPE/CLASS:	EXPIRATION DATE:
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PRESENT STREET ADDRESS:	APT. #:	CITY:	STATE:	ZIP:
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MAILING ADDRESS:	APT. #:	CITY:	STATE:	ZIP:
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EMAIL ADDRESS	SECONDARY EMAIL ADDRESS
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HOME PHONE NUMBER:	BUSINESS PHONE NUMBER:	CELLULAR PHONE NUMBER:
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ARE YOU A U.S. CITIZEN? CIRCLE ONE: YES NO BY: BIRTH	NATURALIZATION:
IF NATURALIZED, WHEN AND WHERE:	

DISTINGUISHING MARKS, PHYSICAL DEFECTS, SCARS, TATTOOS:

LIST ANY OTHER SOCIAL SECURITY NUMBERS YOU HAVE USED:
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LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING ALIASES:			
LAST:	FIRST:	MIDDLE:	MAIDEN/OTHER:

LIST ALL RESIDENCES FOR THE PAST FIVE YEARS BEGINNING WITH YOUR PRESENT ADDRESS. INCLUDE OFF-BASE RESIDENCES WHEN IN SERVICE AND/OR DORMITORIES WHEN IN COLLEGE:			
MONTH / YEAR FROM /TO	ADDRESS	CITY	STATE

MARITAL STATUS:	MARRIED:	<input type="checkbox"/>	DIVORCED:	<input type="checkbox"/>	WIDOWED:	<input type="checkbox"/>
	SINGLE:	<input type="checkbox"/>	SEPARATED:	<input type="checkbox"/>	ENGAGED:	<input type="checkbox"/>

NAME OF SPOUSE:	LAST:	FIRST:	MIDDLE:	MAIDEN/OTHER:

DATE OF BIRTH:	AGE:	PLACE OF BIRTH:	SOCIAL SECURITY:

SPOUSE'S PRESENT STREET ADDRESS:	APT. #:	CITY:	STATE:	ZIP:

LIST ALL OF YOUR CHILDREN, INCLUDING STEPCHILDREN AND ADOPTED CHILDREN:		
NAME:	DATE OF BIRTH:	RESIDENCE ADDRESS:

## II. EMPLOYMENT HISTORY

LIST ALL POSITIONS HELD DURING THE PAST TEN YEARS, REGARDLESS OF LENGTH OF TIME EMPLOYED, BEGINNING WITH YOUR PRESENT PLACE OF EMPLOYMENT AND GOING BACK. USING A SEPARATE SHEET OF PAPER YOU MUST EXPLAIN ANY PERIOD OF UNEMPLOYMENT, INCLUDING DATES. ADDRESSES MUST INCLUDE CITY, STATE, AND ZIP CODE.

**WHEN CAN WE CONTACT YOUR CURRENT EMPLOYER?**

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:



DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

DATE FROM/TO:	NAME OF EMPLOYER:	NAME OF SUPERVISOR:
ENDING SALARY:	ADDRESS OF EMPLOYER:	BUSINESS PHONE:
ENDING JOB TITLE:	DESCRIPTION OF JOB DUTIES:	REASON FOR LEAVING:

HAVE YOU EVER APPLIED FOR A POSITION WITH THE FRANKLINTON POLICE DEPARTMENT BEFORE? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU EVER APPLIED FOR A POSITION WITH ANOTHER LAW ENFORCEMENT OR GOVERNMENT AGENCY? CIRCLE ONE: YES NO IF YES, LIST BELOW.			
NAME OF AGENCY:	DATE APPLIED:	ACCEPTED? YES / NO	STATUS OR REASON FOR REJECTION:

EDUCATION: LIST ALL HIGH SCHOOLS, COLLEGES, BUSINESS AND TECHNICAL COLLEGES:			
SCHOOL NAME	ADDRESS	FROM/TO:	GRADUATE? YES / NO

**III. CRIMINAL & DRIVING HISTORY**

PLACE A CHECKMARK NEXT TO THE STATEMENTS IN BOLD LETTERING IF THEY APPLY TO YOUR CRIMINAL AND DRIVING HISTORY.

**I HAVE NEVER BEEN ARRESTED OR ISSUED A SUMMONS FOR A CRIMINAL OFFENSE.**

LIST ALL MISDEMEANOR ARRESTS AND/OR CONVICTIONS BELOW OR ON ANOTHER SHEET OF PAPER; INCLUDE ALL SUMMONSES.			
DATE:	INVESTIGATING AGENCY:	CHARGE OR INCIDENT	PENALTY TO YOU:

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY? IF YES, EXPLAIN BELOW.  
 CIRCLE ONE: YES NO


**I HAVE NEVER BEEN LISTED AS A SUSPECT IN A CRIMINAL OFFENSE.**

LIST ANY NON-TRAFFIC INCIDENTS IN WHICH YOU MAY HAVE BEEN LISTED AS A SUSPECT:			
DATE:	INVESTIGATING AGENCY:	VIOLATION LOCATION:	PENALTY TO YOU:

**I HAVE NEVER BEEN INVOLVED IN A TRAFFIC ACCIDENT AS A DRIVER.**

LIST ANY TRAFFIC ACCIDENTS IN WHICH YOU WERE AN INVOLVED DRIVER:			
DATE:	INVESTIGATING AGENCY:	ACCIDENT LOCATION:	PENALTY TO YOU:

**I HAVE NEVER BEEN ISSUED A TRAFFIC CITATION AS A DRIVER.**

LIST ALL TRAFFIC CITATIONS ISSUED TO YOU AS A DRIVER IN THE LAST FIVE YEARS			
DATE:	INVESTIGATING AGENCY:	VIOLATION LOCATION:	PENALTY TO YOU:

LIST ALL PERSONAL VEHICLES THAT YOU OPERATE:						
YEAR	MAKE	MODEL	LICENSE#	STATE	OWN (YES/NO)	INSURED (YES/NO)

DESCRIBE ANY UNDETECTED CRIMES IN WHICH YOU PARTICIPATED:

DO YOU OR YOUR SPOUSE HAVE ANY IMMEDIATE CIVIL OR CRIMINAL ACTION PENDING AGAINST YOU? IF YES, EXPLAIN BELOW. CIRCLE ONE: YES NO

HAVE YOU OR YOUR SPOUSE EVER BEEN A PARTY TO A SMALL CLAIMS, OR OTHER COURT ACTION? EXPLAIN BELOW;	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**IV. RELATIVES**

THE SECTION BELOW IS FOR INFORMATION ABOUT RELATIVES. EVEN IF DECEASED, GIVE ALL INFORMATION REQUESTED AND INDICATE LAST RESIDENCE. LEAVE UNNEEDED SPACES BLANK.

NAME		DATE OF BIRTH	
FATHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

NAME		DATE OF BIRTH	
MOTHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

NAME		DATE OF BIRTH	
STEPFATHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

NAME		DATE OF BIRTH	
STEPMOTHER:			
HOME ADDRESS:			
HOME TELEPHONE:		OCCUPATION:	
EMPLOYER:			

NAME		DATE OF BIRTH	
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

NAME		DATE OF BIRTH	
SIBLING:			
HOME ADDRESS:			
HOME TELEPHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

NAME		DATE OF BIRTH	
SIBLING: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____	_____	
EMPLOYER: _____	OCCUPATION: _____	_____	

NAME		DATE OF BIRTH	
SIBLING: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____	_____	
EMPLOYER: _____	OCCUPATION: _____	_____	

NAME		DATE OF BIRTH	
SIBLING: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____	_____	
EMPLOYER: _____	OCCUPATION: _____	_____	

NAME		DATE OF BIRTH	
SIBLING: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____	_____	
EMPLOYER: _____	OCCUPATION: _____	_____	

NAME		DATE OF BIRTH	
SIBLING: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____	_____	
EMPLOYER: _____	OCCUPATION: _____	_____	

NAME		DATE OF BIRTH	
SIBLING: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____	_____	
EMPLOYER: _____	OCCUPATION: _____	_____	

NAME		DATE OF BIRTH	
FATHER-IN-LAW:	_____		
HOME ADDRESS:	_____		
HOME TELEPHONE:	_____	OCCUPATION:	_____
EMPLOYER:	_____		

NAME		DATE OF BIRTH	
MOTHER-IN-LAW:	_____		
HOME ADDRESS:	_____		
HOME TELEPHONE:	_____	OCCUPATION:	_____
EMPLOYER:	_____		

NAME		DATE OF BIRTH	
SIBLING-IN-LAW:	_____		
HOME ADDRESS:	_____		
HOME TELEPHONE:	_____	RELATIONSHIP:	_____
EMPLOYER:	_____	OCCUPATION:	_____

NAME		DATE OF BIRTH	
SIBLING-IN-LAW:	_____		
HOME ADDRESS:	_____		
HOME TELEPHONE:	_____	RELATIONSHIP:	_____
EMPLOYER:	_____	OCCUPATION:	_____

NAME		DATE OF BIRTH	
SIBLING-IN-LAW:	_____		
HOME ADDRESS:	_____		
HOME TELEPHONE:	_____	RELATIONSHIP:	_____
EMPLOYER:	_____	OCCUPATION:	_____

NAME		DATE OF BIRTH	
SIBLING-IN-LAW:	_____		
HOME ADDRESS:	_____		
HOME TELEPHONE:	_____	RELATIONSHIP:	_____
EMPLOYER:	_____	OCCUPATION:	_____

NAME		DATE OF BIRTH	
SIBLING-IN-LAW: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____		
EMPLOYER: _____	OCCUPATION: _____		

NAME		DATE OF BIRTH	
SIBLING-IN-LAW: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____		
EMPLOYER: _____	OCCUPATION: _____		

NAME		DATE OF BIRTH	
SIBLING-IN-LAW: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____		
EMPLOYER: _____	OCCUPATION: _____		

NAME		DATE OF BIRTH	
SIBLING-IN-LAW: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	RELATIONSHIP: _____		
EMPLOYER: _____	OCCUPATION: _____		

NAME		DATE OF BIRTH	
EX-SPOUSE: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	OCCUPATION: _____		
EMPLOYER: _____			

NAME		DATE OF BIRTH	
EX-SPOUSE: _____			
HOME ADDRESS: _____			
HOME TELEPHONE: _____	OCCUPATION: _____		
EMPLOYER: _____			

**V. PERSONAL REFERENCES**

THE SECTION BELOW IS FOR INFORMATION ABOUT PERSONAL REFERENCES.
---

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	

LAST NAME	FIRST NAME	MIDDLE NAME	JR., SR., III, OTHER
HOME ADDRESS:			
CONTACT PHONE:		RELATIONSHIP:	
EMPLOYER:		OCCUPATION:	









**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I, \_\_\_\_\_, do hereby request and authorize a full disclosure and release of all records concerning myself to any duly authorized agent of **Spartan Services Group, LLC** and provide them with any and all information requested concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a *confidential or privileged* nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment.

I authorize **Spartan Services Group, LLC** and/or duly authorized agent to make an investigation of all information contained in the background packet/employment application. I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver. A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

Applicants Printed Name: \_\_\_\_\_

Applicants address: \_\_\_\_\_

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

Last 4 digits of Social Security Number: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Position Applying: \_\_\_\_\_

Department: \_\_\_\_\_

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

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