

**City of Milton
Police Department**

On this _____ day of _____, 20 __, I have completed the foregoing personal history statement. I understand that it shall be considered part of my original application. I also certify that the forgoing is correct and I have not made any material misrepresentation of fact. I also understand that any misrepresentation of fact given by me shall be cause for rejection before appointment or dismissal from the Department after appointment. Misrepresentation shall include failure to list information.

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Milton Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollection of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Milton Police Department. I, also, certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

Signature (include maiden name)

Address

City State Zip

Phone (include area code) Date of Birth

Social Security Number

Subscribed and sworn to before me, by the said _____ this ____ day of _____, 20 __ to certify which witness my hand and seal of office.

Commission Expires

Notary Public