



# SKAGIT 911 EMPLOYMENT APPLICATION



Dispatcher Trainee

## WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any authorized agent of Skagit 911 Communications Center, whether the said records are of public, private or confidential nature.

I authorize you to furnish Skagit 911 with any and all information that you may have concerning me, my work record, my character, general reputation, my military service records, my financial status, and similar background information. Information of a confidential or privileged nature may be included.

Your reply will be used to assist Skagit 911 in determining my qualifications and fitness for the position I am seeking with the organization. If employed, I release Skagit 911 from any liability for future references it may provide regarding my work history at Skagit 911.

I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

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, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, an salary records, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records, the results of any polygraph examinations, records of complaint of a civil nature made by or against me, whosoever located and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

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 which may provide pertinent data for Skagit 911 to consider in determining my suitability for employment with that organization. It is specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

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 Skagit 911. I understand that all materials pertaining to this background investigation become the property of Skagit 911 and will not be returned to me.

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 further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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The below information is used for background investigation purposes only. Skagit 911 is an equal opportunity employer. We do not discriminate, in violation of law, on the basis of race, color, natural origin, religion, creed, sex, marital status, age, disability as defined under the Americans with Disability Act, or any other status protected by law.

This information will be kept separate from the application once received, and will be handled as a confidential document.

Full Legal Name: _____		
Previous Names: _____		
Date of Birth (MM/DD/YYYY): _____		
Social Security Number: _____		
Driver License Number: _____		State: _____
Do you live or have you ever lived with someone who is a convicted felon?      YES      NO		
If yes, legal name of felon: _____		
Relationship: _____		

I, \_\_\_\_\_ (print name), being duly sworn, do hereby depose and say that **I am the above named person** and that I have completed the foregoing questionnaire, including the WAIVER AND AUTHORIZATION TO RELEASE INFORMATION and I understand the contents. I further state the answers contained herein are complete and correct in every respect. I understand, also that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_