



City and Borough of Juneau
Capital City Fire/Rescue



**WAIVER AND AUTHORIZATION TO RELEASE
INFORMATION AND RECORDS**

I, _____, am an applicant for a position as _____ with Capital City Fire/Rescue. I waive my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and I do hereby authorize and give my consent for any individual having personal knowledge or custody of documents pertaining to my: EMPLOYMENT including WORK RECORD, CHARACTER, RELIABILITY, INTEGRITY and REPUTATION, any information contained in administrative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed; DRIVING RECORD; CRIMINAL HISTORY, including arrests and/or convictions, and any information contained in investigative files; MILITARY SERVICE RECORDS; MEDICAL and PSYCHOLOGICAL RECORDS; FINANCIAL RECORDS; EDUCATIONAL RECORDS; and any and all information related to my CHARACTER, INTEGRITY, RELIABILITY, and REPUTATION, to release such information, public or private, including copies of all pertinent files and records to any authorized representative of Capital City Fire/Rescue, although such information may otherwise be considered confidential or privileged. The intent of this authorization is to give my consent for full and complete disclosure. 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, no matter how personal or confidential it may appear to be, for the specific purpose of pursuing a background investigation that may provide pertinent data for Capital City Fire/Rescue to consider in determining my suitability for employment with that department.

I fully understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be provided to the City and Borough of Juneau, Capital City Fire/Rescue. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing this information; and I do hereby release said person(s), organization, including its officers, employees, or related personnel, both individually and collectively from any and all liability from damages of whatever kind which may be incurred as a result at any time to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I further agree to indemnify and hold harmless Capital City Fire/Rescue and the City and Borough of Juneau, its agents and employees, from any and all claims, losses, liability, and expenses, including reasonable attorney's fees which may be incurred or as a result arise from the collection of such information, or in any way connected with the decision whether or not to employ me with Capital City Fire/Rescue.

I fully realize that I may not have access to such information or documents that are provided including the names of individuals, firms, or agencies that are contacted.

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

This waiver is valid for a period of 120 days from the date of my signature. I have read and fully understand the contents of this "Waiver and Authorization To Release Information and Records".

NAME (Last-First-Middle Initial)

Applicant's Signature

Applicant's Address of Record

DATE OF BIRTH
(Month-Day-Year)

SOCIAL SECURITY
NUMBER

DATE SIGNED

_____ personally appeared before me and executed this Waiver and Authorization To Release Information and Records.

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

My commission Expires: _____