



Village of WRIGHTSTOWN
352 High Street
WRIGHTSTOWN, WI 54180
(920) 532-6007
(920) 532-4996(fax)

BROWN/OUTAGAMIE COUNTY

POLICE DEPARTMENT

STATE OF WISCONSIN

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND RELEASE FROM LIABILITY**

TO: ANY PERSON BEING SHOWN A COPY OF THIS AUTHORIZATION

I am an applicant for a position with the Village of Wrightstown. The police department needs to thoroughly investigate my background to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that any relevant information concerning my personal and employment history is disclosed to the above police department.

I hereby authorize any employee of the Wrightstown Police Department to obtain any and all information, written or oral, typed or in the form of hard copy record, that you may have concerning me, including any criminal or driving record that I may have, my past and present employment, all educational records, records and/or oral statements relating to my reputation, my conduct and my financial and credit status.

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 that may provide pertinent data for the Wrightstown Police Department to consider in determining my suitability for employment with the Village of Wrightstown. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory 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, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby authorize the Social Security Administration to release information or records from my file as to names and addresses of all employers shown on my detailed earnings history.

I hereby release and hold harmless any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family,

or associates, or any other person claiming on my behalf because of compliance with this authorization and request to release information or any attempt to comply with it, whether that released information be oral or written in nature. I direct you to release such information upon request of the representative of the Wrightstown Police Department, regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Village of Wrightstown's acceptance and processing of my application for employment, I agree to hold the Village of Wrightstown and its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to offer me a position with the Village of Wrightstown.

I hereby waive any rights to inspect, review or otherwise obtain the contents of the background investigation conducted by the authorized agent of the Wrightstown Police Department, including any and all rights I may have under Chapter 103 and Chapter 19 or any other sections of the Wisconsin Statutes. I further waive any other rights I may have to inspect or view, or have produced to me the contents of this background investigation as provided for in any other applicable document or statute, including but not limited to, any labor contracts or employment agreements or any federal statutory or administrative regulations.

A photocopy reproduction of this authorization, when supplied by an employee of the Wrightstown Police Department shall be for all intents and purposes as valid as the original. You may retain the photocopy for your files.

(Signature) (Social Security No.)

(Printed Full Name) (Date of Birth)

(Address) (Phone No.)

The above named individual personally came before me and signed this Authorization for Release of Information and Release from Liability after having an opportunity to review the same.

(Signature of witness) (Date)

(Printed name of witness)