

TOWN OF MILTON
APPLICATION FOR A POSITION AS CHIEF OF POLICE
APPLICANT'S STATEMENT

I certify that, to the best of my knowledge, the answers given by me in my referenced application, and the statements made by me in regard thereto, are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts in this application, or during the testing and selection process, may be cause for rejection of my application or discharge of any time during my employment.

I hereby authorize the release, review and investigation of all documents and statements made by me in this application as may be necessary in arriving at an employment decision. Further, I authorize disclosure of all information and records, or any part thereof, relating to me to an agent of the Town of Milton, including the Personnel Officer, Personnel Committee member, or Town Council member, whether the records are of a public, private or confidential nature, and even if the information released is derogatory in nature. I emphasize that the intent of this authorization is to provide full and free access to my personal life for the specific purpose of a background check to provide pertinent data for the Town of Milton and its authorized agents to determine my suitability for employment as their Chief of Police. I understand that any information obtained through a background investigation developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining such suitability.

The above authorization shall also pertain to health matters and records including medical and psychological factors.

I hereby agree to indemnify and hold harmless the Town of Milton, the government thereof, as well as all officers, employees, and agents thereof, and any individual, business, or association, who in good faith, provides information including but not limited to matters concerning employment, education, criminal activity, personality and character traits, financial matters, associations and relationships, and behavioral background.

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

_____ (Please initial)

SIGNATURE: _____ DATE: _____

ADDRESS:

Number Street City State Zip

WITNESS:
