

NAME _____

LECLAIRE POLICE DEPARTMENT
EMPLOYMENT APPLICATION &
BACKGROUND QUESTIONNAIRE

ATTACH PHOTO
HERE

FOLLOW DIRECTIONS
CAREFULLY

- 1) USE INK TO COMPLETE THE QUESTIONNAIRE.
- 2) COMPLETE IN YOUR OWN HANDWRITING OR PRINTING.
- 3) WRITE OR PRINT LEGIBLY.
- 4) READ EACH QUESTION CAREFULLY.
- 5) ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
- 6) ANSWER ALL QUESTIONS.
- 7) IF A QUESTION DOES NOT APPLY WRITE N/A IN THE SPACE.
- 8) IF YOU NEED ADDITIONAL SPACE USE BACK OF PAGE.
- 9) SIGN THE QUESTIONNAIRE AND HAVE IT NOTARIZED. THE POLICE DEPARTMENT WILL NOT NOTARIZE IT FOR YOU.
- 10) WHEN COMPLETE, RETURN TO:

CITY OF LECLAIRE POLICE DEPARTMENT
306 S CODY RD
LECLAIRE, IOWA 52753

NOTE

FAILURE TO FOLLOW INSTRUCTIONS OR INCOMPLETE INFORMATION WILL DELAY THE BACKGROUND PROCESS OR ELIMINATE YOU FROM FURTHER PROCESSING. YOUR INCOMPLETE PACKET WILL BE REJECTED. PLEASE PRINT LEGIBLY.

- *INCLUDE COMPLETE ADDRESS: ZIP CODES, STREET ADDRESS, CITY, AND STATE.
- *INCLUDE COMPLETE TELEPHONE NUMBERS: AREA CODE AND NUMBER.

LECLAIRE POLICE DEPARTMENT

DATE: _____

POSITION APPLIED FOR: () SWORN OFFICER () FULL TIME () PART TIME

TO THE APPLICANT:

THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT WITH THE CITY OF LECLAIRE POLICE DEPARTMENT.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED INTO YOUR PERSONAL HISTORY.

APPLICANTS MAY BE REQUIRED TO TAKE A POLYGRAPH EXAMINATION TO CONFIRM THE INFORMATION IN THIS QUESTIONNAIRE AND TO DETERMINE OTHER ITEMS OF BACKGROUND INFORMATION.

I UNDERSTAND THAT I WILL NOT RECEIVE AND I AM NOT ENTITLED TO A COPY OF THE REPORT OR TO KNOW ITS CONTENTS. I FURTHER UNDERSTAND THAT THE CONTENTS WILL BE USED IN AN EVALUATION PROCESS FOR EMPLOYMENT WITH THE CITY OF LECLAIRE POLICE DEPARTMENT. FURTHER THAT NO DOCUMENTS SUBMITTED BY ME WILL BE RETURNED AND NO COPIES OF ANY REPORTS OR DOCUMENTS UTILIZED FOR OR DURING MY APPLICATION FOR EMPLOYMENT WILL BE FURNISHED OR GIVEN TO ME. UNLESS I AM NOT SELECTED FOR EMPLOYMENT BASED ON A SINGLE TEST, **I WILL NOT BE ADVISED OF THE REASON FOR NON-SELECTION.**

WHERE WRITTEN EXPLANATIONS ARE REQUIRED IN THIS FORM, IT IS **MANDATORY** THAT THE INFORMATION BE LISTED TOTALLY AND COMPLETELY.

THE EXISTENCE OF ANY OF THE CONDITIONS LISTED BELOW MAY RESULT IN REJECTION FROM THE SELECTION PROCESS. THESE AREAS WILL BE EXPLORED DURING THE EXTENSIVE BACKGROUND INVESTIGATION, PSYCHOLOGICAL AND OR POLYGRAPH EXAMINATIONS.

CRITERIA STANDARDS FOR DISQUALIFICATIONS

- 1) ANY FELONY ARREST/CONVICTION. (NO TIME LIMIT).
- 2) PARTICIPATION IN ANY SERIOUS CRIME.
- 3) ANY MISDEMEANOR CONVICTION INVOLVING NARCOTICS, DRUGS OR MARIJUANA.
- 4) ANY SELLING OF NARCOTICS, DRUGS OR MARIJUANA.
- 5) ANY ILLEGAL USE OF OPIATE NARCOTICS, HALLUCINOGENS, AND/OR OTHER DANGEROUS DRUGS. (INCLUDING LSD, PCP, PEYOTE, Mescaline, CODEINE, HEROIN, MORPHINE, OPIUM, PSILOCYBIM, COCAINE, HASH, SPEED, BARBITURATES, ETC)

- 6) ANY RECENT ILLEGAL USE OF MARIJUANA.
- 7) ANY EXCESSIVE ILLEGAL USE OF MARIJUANA.
- 8) ANY HISTORY OF DISREGARD FOR TRAFFIC LAWS WITH SUCH FREQUENCY SO AS TO INDICATE DISRESPECT FOR TRAFFIC LAWS AND A DISREGARD FOR THE SAFETY OF OTHER PERSONS ON THE HIGHWAY.
- 9) ANY SEXUAL CONDUCT PROHIBITED BY LAW.
- 10) NEGLIGENCE IN MAINTAINING FINANCIAL RESPONSIBILITY.

PLEASE CONFIRM THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW.

SIGNATURE: _____ DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20__

NOTARY PUBLIC

PUBLIC DISCLOSURE OF INFORMATION

YOUR SOCIAL SECURITY NUMBER IS REQUESTED FOR IDENTIFICATION AND RECORD KEEPING PURPOSES. DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS FOR THE PURPOSE OF CONDUCTING A THOROUGH BACKGROUND INVESTIGATION. THE INFORMATION ON THIS FORM MAY CONSTITUTE A "PUBLIC RECORD OF MATTER" REQUIRING PUBLIC DISCLOSURE UNDER IOWA'S PUBLIC RECORDS LAW.

WHERE NECESSARY, USE THE REVERSE SIDE OF PAGE TO COMPLETE ANSWERS THROUGHOUT THIS QUESTIONNAIRE.

1. PERSONAL DATA

LAST NAME FIRST MIDDLE HOME PHONE CELL
PHONE

CURRENT EMPLOYMENT WORK HOURS & DAYS OFF WORK PHONE

ARE YOU A UNITED STATES CITIZEN? YES ___ NO ___

CURRENT ADDRESS (STREET & NUMBER) CITY STATE ZIP
CODE

LENGTH OF TIME AT ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

HEIGHT WEIGHT HAIR EYES DATE OF BIRTH PLACE OF BIRTH

LIST ANY OTHER NAMES, SOCIAL SECURITY NUMBERS OR DATES OF BIRTH YOU HAVE USED:

LIST ALL RESIDENCES IN THE PAST TEN YEARS:

ADDRESS (STREET & NUMBER) CITY STATE ZIP DATE FROM - TO

ADDRESS (STREET & NUMBER) CITY STATE ZIP DATE FROM - TO

ADDRESS (STREET & NUMBER) CITY STATE ZIP DATE FROM - TO

ADDRESS (STREET & NUMBER) CITY STATE ZIP DATE FROM - TO

2. MARITAL STATUS

STATUS (CHECK ONE): MARRIED () SINGLE () SEPARATED () DIVORCED () WIDOWED ()

IF MALE AND MARRIED, LIST WIFE'S MAIDEN NAME: _____

SPOUSE'S NAME DATE OF BIRTH SPOUSE'S
OCCUPATION

CHILD'S NAME DATE OF BIRTH ADDRESS

CHILD'S NAME DATE OF BIRTH ADDRESS

CHILD'S NAME DATE OF BIRTH ADDRESS

3. EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST (10) TEN YEARS. BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER AND GOING BACKWARDS. LIST EVERYTHING IN PROPER SEQUENCE, **OMIT NONE!** (USE FOLLOWING PAGE IF NECESSARY)

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER _____ SUPERVISOR _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

YOUR JOB TITLE – DESCRIBE YOUR DUTIES _____

DETAILED REASON FOR LEAVING _____

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER _____ SUPERVISOR _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

YOUR JOB TITLE – DESCRIBE YOUR DUTIES _____

DETAILED REASON FOR LEAVING _____

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER _____ SUPERVISOR _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

YOUR JOB TITLE – DESCRIBE YOUR DUTIES _____

DETAILED REASON FOR LEAVING _____

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER _____ SUPERVISOR _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

YOUR JOB TITLE – DESCRIBE YOUR DUTIES _____

DETAILED REASON FOR LEAVING _____

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER SUPERVISOR

EMPLOYER ADDRESS CITY STATE ZIP PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER SUPERVISOR

EMPLOYER ADDRESS CITY STATE ZIP PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER SUPERVISOR

EMPLOYER ADDRESS CITY STATE ZIP PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

MONTH AND YEAR

FROM: _____
TO: _____

SALARY:

START: _____
END: _____

NAME OF EMPLOYER SUPERVISOR

EMPLOYER ADDRESS CITY STATE ZIP PHONE

YOUR JOB TITLE – DESCRIBE YOUR DUTIES

DETAILED REASON FOR LEAVING

4 REFERENCES

A) LIST THREE (3) REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE (5) YEARS. LIST PHONE NUMBERS WITH AREA CODES.

NAME	STREET	CITY	STATE	ZIP	HOME PHONE
------	--------	------	-------	-----	------------

HOW LONG KNOWN?	OCCUPATION & BUSINESS ADDRESS	WORK PHONE
-----------------	-------------------------------	------------

NAME	STREET	CITY	STATE	ZIP	HOME PHONE
------	--------	------	-------	-----	------------

HOW LONG KNOWN?	OCCUPATION & BUSINESS ADDRESS	WORK PHONE
-----------------	-------------------------------	------------

NAME	STREET	CITY	STATE	ZIP	HOME PHONE
------	--------	------	-------	-----	------------

HOW LONG KNOWN?	OCCUPATION & BUSINESS ADDRESS	WORK PHONE
-----------------	-------------------------------	------------

B) LIST NAMES OF ANY ACQUAINTANCES EMPLOYED BY THIS DEPARTMENT:

C) HAVE YOU EVER APPLIED TO, OR BEEN EMPLOYED BY THE CITY OF LECLAIRE IN ANY CAPACITY AS A PAID EMPLOYEE OR VOLUNTEER?

YES _____ NO _____ IF YES, WHEN / POSITION: _____

D) HAVE YOU EVER APPLIED FOR ANY POSITION WITH ANOTHER LAW ENFORCEMENT AGENCY?

YES _____ NO _____ IF YES, EXPLAIN (USE BACK OF PAGE IF NECESSARY):

DATE	AGENCY NAME AND STATE	STATUS OF APPLICATION
------	-----------------------	-----------------------

DATE	AGENCY NAME AND STATE	STATUS OF APPLICATION
------	-----------------------	-----------------------

DATE	AGENCY NAME AND STATE	STATUS OF APPLICATION
------	-----------------------	-----------------------

E) HAVE YOU EVER HAD ANY INVOLVEMENT OR ASSOCIATION WITH ANOTHER LAW ENFORCEMENT AGENCY EITHER AS A VOLUNTEER OR PAID EMPLOYEE?

YES _____ NO _____ IF YES, WHEN & WHERE: _____

F) HAVE YOU EVER RECEIVED ANY LAW ENFORCEMENT TRAINING? YES _____ NO _____ IF YES, EXPLAIN:

WHEN	WHERE	TYPE OF TRAINING
------	-------	------------------

G) HAVE YOU EVER BEEN CERTIFIED AS A POLICE OFFICER? YES ___ NO ___ IF YES, EXPLAIN:

WHEN

WHERE

5. EDUCATION AND TRAINING

A) LIST ALL SCHOOLS (SECONDARY, COLLEGES, UNIVERSITIES, AND GRADUATE SCHOOLS) YOU HAVE ATTENDED. LIST GED IF APPLICABLE:

DATE GRADUATED

SCHOOL NAME

ADDRESS

DIPLOMA RECEIVED

B) LIST ANY SKILLS OR ABILITIES POSSESSED (INCLUDING FOREIGN LANGUAGES):

6. ORGANIZATIONAL MEMBERSHIPS

A) ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT OR GROUP?

YES ___ NO ___ IF YES, EXPLAIN: _____

7. MILITARY STATUS

A) HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C., OR ANY MILITARY RESERVE UNIT? YES ___ NO ___ IF YES, EXPLAIN:

ENTRY DATE RANK / BRANCH / ORGANIZATION DISCHARGE TYPE DATE

B) ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES ___ NO ___ N/A ___

LOCAL BOARD# ADDRESS DRAFT CLASS DATE CLASSIFIED

8. CONVICTION HISTORY

A) HAVE YOU EVER BEEN CONVICTED, CHARGED OR QUESTIONED FOR ANY OFFENSE, VIOLATION OF ANY STATUTE OR ORDINANCE, LAW REGULATION BY ANY CIVIL OR MILITARY AUTHORITY, INCLUDING TRAFFIC AND PARKING CITATIONS SINCE YOU BEGAN DRIVING, IN THIS COUNTRY OR ANY OTHER COUNTRY? (INCLUDES CONVICTIONS OR ADJUDICATIONS AS A JUVENILE.) YES ____ NO ____
IF YES, DESCRIBE BELOW.

CRIMINAL CONVICTIONS OR CHARGES:

DATE	LOCATION	ARRESTING AGENCY	ORIGINAL CHARGE	REDUCED TO	DISPOSITION/COURT ACTION

9. DRIVING HISTORY

TRAFFIC CITATIONS

DATE	LOCATION	ISSUING AGENCY	CHARGE	CHARGED REDUCED	DISPOSITION	ACCIDENT REALATED Y/N

A) HAVE YOU EVER OPERATED A MOTOR VEHICEL WHILE UNDER THE INFLUENCE OF ALCOHOL? YES ____ NO ____

B) LIST ALL DRIVERS OR CHAUFFERS LICENSES YOU CURRENTLY HOLD:

STATE _____ LICENSE NUMBER & TYPE _____

C) HAVE YOU EVER BEEN LICENSED TO DRIVE IN ANOTHER STATE? YES ____ NO ____ IF YES, LIST BELOW:

STATE _____ LICENSE NUMBER & TYPE _____ EXPIRATION DATE _____

D) HAVE YOU EVER HAD YOUR LICENSE REVOKED OR SUSPENDED? YES ____ NO ____ IF YES, LIST BELOW:

STATE _____ LICENSE NUMBER & TYPE _____ REASON FOR SUSPENSION/REVOCATION _____

E) HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL AS A RESULT OF A TRAFFIC CITATION, OR TO DISMISS THE FILING OF A TRAFFIC CITATION? YES ____ NO ____ IF YES, LIST BELOW:

DATE _____ LOCATION / JURISDICTION _____ WHAT WAS CITATION FOR? _____

10. NARCOTICS AND ALCOHOL

USE REVERSE SIDE IF MORE SPACE IS NEEDED TO EXPLAIN YES ANSWERS. INCLUDE NUMBER OF TIMES AND DATES DRUG WAS USED.

1) HAVE YOU EVER TRIED OR USED AN ILLEGAL NARCOTIC OR DANGEROUS DRUG, EITHER IN PILL FORM, INJECTION OR ANY OTHER MANNER OF INGESTION? YES: ___ NO: ___ (IF YES, LIST BELOW)

TYPE OF DRUG	MONTH AND YEAR YOU FIRST TRIED	MONTH AND YEAR YOU LAST TRIED	MAXIMUM TIMES TRIED	MAXIMUM TIMES TRIED AFTER AGE 21
MARIJUANA				
HASH				
COCAINE				
CRACK				
SPEED				
HEROIN				
OPIUM				
MORPHINE				
LSD				
ACID				
PEYOTE				
MESCALINE				
STEROIDS				

	TYPE OF DRUG	DATE YOU FIRST TRIED	DATE YOU LAST TRIED	MAXIMUM TIMES TRIED AFTER AGE 21
ANY OTHER ILLEGAL DRUGS?				
ANY PRESCRIPTION DRUGS NOR PRESCRIBED FOR YOUR USE				
OBTAINED ANY PRESCRIPTION DRUG IN AN ILLEGAL MANNER				

2) HAVE YOU EVER GIVEN OR SOLD PRESCRIPTION DRUGS, MARIJUANA OR ANY OTHER ILLEGAL NARCOTICS OR DANGEROUS DRUGS? YES ___ NO ___ IF YES, EXPLAIN: _____

11. ANSWER THE FOLLOWING
(USE PAGE NEXT PAGE FOR EXPLANATIONS)

- A) HAVE YOU EVER HAD YOUR WAGES ATTACHED (GARNISHED)? YES () NO ()
- B) HAVE YOU EVER BEEN PARTY TO A SMALL CLAIMS OR OTHER COURT ACTION? YES () NO ()
- C) HAVE YOU EVER BEEN INVOLVED WITH ANY CIVIL COURT ACTION? YES () NO ()
- D) HAVE YOU EVER HAD A JUDGMENT RENDERED AGAINST YOU? YES () NO ()
- E) HAVE YOU EVER BEEN REFUSED CREDIT? YES () NO ()
- F) HAVE YOU EVER HAD ANY PROPERTY REPOSSESSED YES () NO ()
- G) HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? YES () NO ()
- H) HAVE THE POLICE EVER BEEN CALLED YOU YOUR HOME FOR ANY REASON OTHER THAN AS A VICTIM? YES () NO ()
- I) HAVE YOU OR YOUR SPOUSE EVER BEEN SUED OR SUMMONED INTO COURT? YES () NO ()
- J) HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF ANY CRIME OR IMPRISONED? YES () NO ()
- K) DO YOU NOW OR HAVE YOU EVER HAD ANY GAMBLING DEBT? YES () NO ()
- L) HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH? YES () NO ()
- M) HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION, OR BOOKED ANY ILLEGAL BETS? YES () NO ()
- N) HAVE YOU EVER HAD AN F.B.I. FINGERPRINT CHECK DONE FOR ANY REASON? YES () NO ()
- O) IN ANY EMPLOYMENT SETTING, INCLUDING MILITARY SERVICE, HAVE YOU RECEIVED ANY VERBAL OR WRITTEN REPRIMANDS OR SUSPENSIONS FOR VIOLATIONS OF COMPANY POLICY? YES () NO ()
- P) WOULD YOU HAVE ANY DIFFICULTY IN WORKING OR DEALING WITH MEMBERS OF THE OPPOSITE SEX, DIFFERENT ORIGIN, RACE, RELIGION, OR NATIONALITY YES () NO ()
- Q) IN ANY JOB THAT YOU'VE HELD, HAVE BEEN INVOLVED IN ANY PHYSICAL OR MAJOR VERBAL CONFRONTATIONS? YES () NO ()
- R) WOULD YOU HAVE DIFFICULTY FOLLOWING DIRECT ORDERS, EVEN THOUGH YOU MAY NOT AGREE WITH THEM? YES () NO ()
- S) IN ANY PREVIOUS EMPLOYMENT SETTING WERE YOU EVER EXPOSED TO ANY HIGH STRESS OR AN EXTREME EMERGENCY SITUATION? YES () NO ()
- T) HAVE YOU EVER LEFT A PLACE OF EMPLOYMENT WITHOUT GIVING 2 WEEKS NOTICE YES () NO ()
- U) HAVE YOU EVER COMMITTED ANY CRIMINAL VIOLATION THAT HAS GONE UNDETECTED YES () NO ()
- V) HAVE YOU EVER OPERATED A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, TO THE POINT THAT YOU KNEW YOU SHOULD NOT HAVE BEEN DRIVING? YES () NO ()
- W) HAVE YOU EVER BEEN EXTENSIVELY DELINQUENT ON ANY OF YOUR FINANCIAL OBLIGATIONS? YES () NO ()

DO YOU HAVE ANY KNOWLEDGE / INFORMATION IN ADDITION TO THAT SPECIFICALLY REQUIRED IN THIS QUESTIONNAIRE WHICH YOU FEEL MAY BE RELEVANT DIRECTLY OR INDIRECTLY TO A BACKGROUND INVESTIGATION INTO YOUR ELIGIBILITY OR FITNESS FOR THE POSITION YOU ARE SEEKING? THIS INCLUDES BUT IS NOT LIMITED TO: CHARACTER TRAITS, HOBBIES, TEMPERANCE HABITS, EMPLOYMENT, EDUCATION, CIVIC ACTIVITIES, AWARDS, FAMILY, AND ASSOCIATIONS.
YES: ____ NO: ____ IF YES PROVIDE THE INFORMATION BELOW.

CERTIFICATION: I CERTIFY THAT ALL STATEMENTS MADE IN CONNECTION WITH THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF LECLAIRE AND OR ITS AGENT(S) TO OBTAIN ALL NECESSARY INFORMATION AND RECORDS CONCERNING THIS APPLICATION. I UNDERSTAND THAT INCOMPLETE, FALSE OR INACCURATE INFORMATION MAY RESULT IN THE REJECTION OF THIS APPLICATION OR MY DISMISSAL IF EMPLOYED.

DATE _____ **SIGNATURE OF APPLICANT** _____

CITY OF LECLAIRE POLICE DEPARTMENT
306 S CODY ROAD
LECLAIRE, IOWA 52753

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ DO HEREBY AUTHORIZE AND RELEASE FROM ANY AND ALL LIABILITY, ANY AND ALL INDIVIDUALS, PARTNERSHIPS, CORPORATIONS, CIVILIAN AND GOVERNMENT AGENCIES, MILITARY AGENCIES, LAW ENFORCEMENT AGENCIES, PRIVATE, CITY, COUNTY, STATE, AND FEDERAL ENTITIES INCLUDING THE LECLAIRE POLICE DEPARTMENT TO RELEASE , FURNISH AND EXCHANGE ANY AND ALL AVAILABLE INFORMATION, INCLUDING MEDICAL RECORDS REGARDING ME IN ORDER THAT MY SUITABILITY FOR LAW ENFORCEMENT WORK MAY BE DETERMINED. THIS INCLUDES BUT IS NOT LIMITED TO MY CHARACTER, INTEGRITY AND REPUTATION.

SIGNED

DATE

SOCIAL SECURITY NUMBER

HOME PHONE NUMBER

CELL PHONE

NOTARY

DATE

COMMISSION EXPIRES

-SEAL-