



City of Mayflower



MAYFLOWER POLICE DEPARTMENT

5 ASHMORE STREET, MAYFLOWER, AR 72106

Douglas Hunter
Chief of Police

“SERVING WITH PRIDE AND DEDICATION”

LAST NAME FIRST NAME MIDDLE NAME SEX RACE DATE OF BIRTH

PLACE OF BIRTH CITY COUNTY STATE COUNTRY

This release, when presented by a duly authorized representative of the Mayflower Police Department, Office of Employment Standards, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background

Specifically, I authorized the release of the following data or records to the Mayflower Police Department, Office of Employment Standards: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations; and the UNDELETED copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Mayflower Police Department. 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 an investigation, which may provide pertinent data for the Mayflower Police Department, to consider my suitability for employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part upon this release authorization, will be considered in determining my suitability for employment by the Mayflower Police Department. I understand that all materials pertaining to this background investigation become the property of the Mayflower Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her 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 confidential information or source(s) of information will not 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.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY: Applicant Signature _____

State Of _____

County/City Of _____

Subscribed and Sworn Before me this _____ Day of _____, 20_____

My Commission Expires _____, Signature of Notary _____