Steven Flores
Chief of Police

St. John Police Department

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PERSONAL INQUIRY WAIVER

Authority for Release of Information

TO: Concerned Person or Authorized Representative of any Organization, Institution, or Repository of Records

RE: APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

I respectfully request and authorize you to furnish the St. John Police Department any and all information that you may have concerning my work record, school record, military record, criminal history, reputation, and financial and credit status. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the St. John Police Department. A copy of this form may substitute for the original.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

_____ _____

Applicant's Signature Date

_____

Street Address City State Zip

**********AFFIDAVIT**********

STATE OF: _____

COUNTY OF: _____

Before me personally appeared _____, who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose therefore.

Sworn to and prescribed to in my presence this _____ day of _____, 20 _____.

My Commission Expires: _____ _____

Notary Public

*Do not sign until applicant appears before a notary with photo identification.
*THIS WAIVER MUST BE NOTARIZED AND RETURNED WITH THE APPLICATION