

**HERNDON POLICE
VOLUNTEER APPLICATION**

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INSTRUCTIONS TO THE APPLICANT

ANSWERS ON THIS FORM MUST BE **PRINTED IN BLACK INK** BY THE APPLICANT AND EACH QUESTION ANSWERED ACCURATELY. IF A QUESTION DOES NOT APPLY TO YOU, WRITE "N/A" (NOT APPLICABLE) AS YOUR RESPONSE TO THAT QUESTION. INCOMPLETE AND/OR INACCURATE ANSWERS WILL SUBSTANTIALLY EXTEND THE TIME REQUIRED TO PROCESS YOUR APPLICATION. IF THE PERSONAL HISTORY STATEMENT IS INCOMPLETE AT THE TIME OF YOUR PERSONAL INTERVIEW, THE FORM WILL BE RETURNED TO YOU AND INSTRUCTIONS PROVIDED AT THAT TIME.

THE INFORMATION YOU PROVIDE IN THIS PERSONAL HISTORY STATEMENT WILL BE USED IN THE INVESTIGATION INTO YOUR BACKGROUND TO ASSIST IN DETERMINING YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU HAVE APPLIED. **PLEASE FILL OUT THE QUESTIONNAIRE COMPLETELY AND ACCURATELY.** KEEP IN MIND THAT:

1. THE COMPLETION OF THIS FORM IS MANDATORY FOR YOU TO RECEIVE CONSIDERATION FOR APPOINTMENT;
2. ALL STATEMENTS ARE SUBJECT TO VERIFICATION;
3. DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS MAY BE CAUSE FOR REJECTION; AND

IT IS TO YOUR ADVANTAGE TO RESPOND OPENLY. ANY NEGATIVE FACTOR CONTAINED IN THE INFORMATION PROVIDED BY YOU WILL BE EVALUATED IN TERMS OF THE CIRCUMSTANCES AND FACTS SURROUNDING IT AND ITS DEGREE OF RELEVANCE TO THE JOB. ON THE OTHER HAND, YOU MAY BE DISQUALIFIED IF YOU INTENTIONALLY MAKE A FALSE STATEMENT OF MATERIAL FACT OR INTENTIONALLY OMIT A MATERIAL FACT OR IF YOU PRACTICE OR ATTEMPT TO PRACTICE ANY FORM OF DECEPTION OR FRAUD IN THIS STATEMENT.

IF ADDITIONAL SPACE IS REQUIRED FOR AN ANSWER TO ANY QUESTION, CONTINUATION SHEETS ARE PROVIDED IN THE REMARKS SECTION (PART XII) AT THE END OF THE FORM. BE SURE TO IDENTIFY EACH ENTRY ON THE CONTINUATION SHEET(S) WITH THE APPROPRIATE SECTION AND QUESTION NUMBER.

**PERSONAL HISTORY STATEMENT
PART I
PERSONAL DATA**

1. YOUR PRINTED NAME (LAST, FIRST, MIDDLE)				2. DATE OF BIRTH MONTH DAY YEAR	
3. ALIASES, MAIDEN NAMES, AND NICKNAMES (SPECIFY WHICH)			4. PLACE OF BIRTH CITY COUNTRY STATE OR FOREIGN COUNTRY		
5. HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SCARS, TATTOOS, OR IDENTIFYING MARKS/FEATURES	
6. SOCIAL SECURITY NUMBER					

CITIZENSHIP

A. U.S. CITIZEN ALIEN	B. BY BIRTH (ENTER N/A IN ITEMS C-J) NATURALIZATION (COMPLETE C-J)	C. ALIEN REGISTRATION NUMBER			
D. DATE, PLACE, AND COURT		E. CERTIFICATION NO.	F. PETITION NUMBER		
G. COMPLETE THIS SECTION IF YOUR U.S. CITIZENSHIP WAS DERIVED FROM YOUR PARENT'S (S') NATURALIZATION.		NAME OF PARENT	CERTIFICATION NO.	CHECK ONE: MOTHER FATHER	
H. NATIVE COUNTRY	I. DATE, PLACE & PORT OF ENTRY INTO U.S.		J. SPONSOR		

8. PRESENT ADDRESS: HOUSE NUMBER AND STREET CITY/STATE/ZIP CODE	9. LEGAL RESIDENCE: HOUSE NUMBER AND STREET CITY/STATE/ZIP CODE
10. HOME TELEPHONE NUMBER: NUMBER _____ HOURS DURING WHICH YOU CAN BE REACHED _____	11. WORK TELEPHONE NUMBER: NUMBER _____ HOURS DURING WHICH YOU CAN BE REACHED _____

MARITAL STATUS

CHECK ONE: MARRIED SINGLE DIVORCED WIDOWED SEPARATED	DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR SPOUSE OR FORMER SPOUSE (S)? YES NO
---	--

MARRIAGE DATE (LIST PRESENT AND ALL FORMER MARRIAGES.)

DATE OF MARRIAGE	LOCATION OF MARRIAGE (CITY AND STATE)

14. FULL NAME OF SPOUSE (IF CURRENTLY MARRIED):

LAST NAME FIRST NAME MIDDLE MAIDEN

**PERSONAL HISTORY STATEMENT
PART II
SELECTIVE SERVICE INFORMATION**

1. HAVE YOU EVER APPLIED FOR ANY BRANCH OF THE MILITARY? YES NO		2. WHAT IS THE STATUS OF YOUR APPLICATION?	
3. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? YES NO			
4. PRESENT SELECTIVE SERVICE CLASSIFICATION		5. DATE OF CLASSIFICATION	6. SELECTIVE SERVICE NUMBER
7. LOCAL BOARD NUMBER		8. ADDRESS OF LOCAL BOARD (STREET NUMBER, CITY, STATE AND ZIP CODE)	
9. LIST ANY OTHER SELECTIVE CLASSIFICATION (S) YOU HAVE HAD			

**PART III
MILITARY SERVICE**

1. BRANCH OF SERVICE							
ORGANIZATION	PRIMARY MOS/AFSC	CHECK ONE:		DATES OF ACTIVE DUTY		SERVICE NUMBER DURING THIS PERIOD	
		OFFICER	ENLISTED	DATE ENTERED	DATE RELEASED		
2. HIGHEST RANK ATTAINED		3. TYPE OF DISCHARGE (I.E., CHARACTER OF SERVICE)					
4. RANK AT TIME OF DISCHARGE		5. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY? YES NO (EXPLAIN IN PART XIV)					
6. DID YOU RECEIVE HONORABLE DISCHARGE FROM THE ARMED FORCES? YES NO							
7. WERE YOU EVER SUBJECTED TO ANY DISCIPLINARY ACTIONS (JUDICIAL OR NON-JUDICIAL) WHILE IN THE ARMED FORCES? YES (EXPLAIN IN PART XIV) NO							
8. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATIONS, WHICH WERE BEING CONDUCTED BY MILITARY AUTHORITIES; CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART? YES (EXPLAIN IN PART XIV) NO							
9. RESERVE SERVICE? YES NO IF "YES", BRANCH OF RESERVE SERVICE	DATE OF MEMBERSHIP		CHECK ONE:		SERVICE NUMBER DURING THIS PERIOD		
	BEGAN	ENDED	OFFICER	ENLISTED			
10. NATIONAL GUARD MEMBERSHIP? YES NO	CHECK ONE: ARMY AIR		DATE OF MEMBERSHIP		CHECK ONE:		SERVICE NUMBER DURING THIS PERIOD
			BEGAN	ENDED	OFFICER	ENLISTED	
	STATE						
NAME OF NATIONAL GUARD ORGANIZATION AND ADDRESS							

**PERSONAL HISTORY STATEMENT
PART IV
REFERENCES**

GIVE THE DATA REQUESTED BELOW ON THREE (3) REFERENCES WHO:

- A. ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE
- B. ARE NOT FORMER EMPLOYERS AND NOT MENTIONED ELSEWHERE IN THIS FORM
- C. ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, AND
- D. HAVE KNOWN YOU WELL FOR AT LEAST FIVE (5) YEARS

THESE REFERENCES MAY INCLUDE, BUT ARE NOT LIMITED TO: TEACHERS, COUNSELORS, HOUSEHOLDERS, PROPERTY OWNERS, MEMBERS OF THE CLERGY, AND BUSINESS PEOPLE

1. CHECK ONE: MR. MRS. MS. MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER
2. CHECK ONE: MR. MRS. MS. MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)		BUSINESS PHONE NUMBER
3. CHECK ONE: MR. MRS. MS. MISS	NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		HOME TELEPHONE NUMBER
OCCUPATION	PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP)		BUSINESS PHONE NUMBER

**PERSONAL HISTORY STATEMENT
PART V
ASSOCIATES/FRIENDS**

GIVE THE DATA REQUESTED BELOW ON THREE (3) PERSONS WITH WHOM YOU HAVE ASSOCIATED (I E., PERSONS WITH WHOM YOU HAVE SEEN FREQUENTLY) DURING THE PAST THREE (3) YEARS. DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR ANY PERSONS MENTIONED ELSEWHERE IN THIS FORM.

1. CHECK ONE: MR. MRS. MS. MISS		NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)			HOME TELEPHONE NUMBER
OCCUPATION		PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)			BUSINESS PHONE NUMBER
2. CHECK ONE: MR. MRS. MS. MISS		NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)			HOME TELEPHONE NUMBER
OCCUPATION		PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)			BUSINESS PHONE NUMBER
3. CHECK ONE: MR. MRS. MS. MISS		NAME (LAST, FIRST, INITIAL)	YEARS KNOWN
RESIDENCE ADDRESS (STREET, CITY, STATE, AND ZIP CODE)			HOME TELEPHONE NUMBER
OCCUPATION		PLACE OF EMPLOYMENT	
ADDRESS OF EMPLOYMENT (STREET, CITY, STATE AND ZIP CODE)			BUSINESS PHONE NUMBER

**PERSONAL HISTORY STATEMENT
PART VI
RESIDENCE DATA**

1. PROVIDE THE INFORMATION REQUESTED BELOW FOR THE PAST TWO LOCATIONS YOU HAVE LIVED.

START WITH YOUR PRESENT RESIDENCE

A.

DATES OF RESIDENCE				LOCATION OF RESIDENCE
FROM			TO	STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)
MONTH	DAY	YEAR	PRESENT	
NEIGHBOR'S NAME (MR., MRS., MS., MISS) NAME (LAST, FIRST, INITIAL)				NEIGHBOR'S CURRENT ADDRESS STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)
NEIGHBOR'S TELEPHONE NUMBER AREA CODE				REALTY COMPANY OR PROPERTY OWNER'S NAME
REALTY/OWNER'S TELEPHONE NUMBER AREA CODE				REALTY COMPANY OR PROPERTY OWNER'S ADDRESS STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)

B.

DO YOU: RENT OR OWN THIS PROPERTY?

DO YOU RESIDE WITH: SELF SPOUSE AND CHILDREN, IF ANY OR
OTHER (IF OTHER, LIST WITH WHOM YOU RESIDE) _____

LIST YOUR PREVIOUS RESIDENCE.

C.

LOCATION OF RESIDENCE			
STREET ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
FROM MONTH/YEAR	TO MONTH/YEAR	NEIGHBOR'S NAME	NEIGHBOR'S CURRENT TELEPHONE NUMBER
NEIGHBOR'S CURRENT ADDRESS (APT. NUMBER, CITY, STATE, ZIP CODE)			
REALTY COMPANY OR PROPERTY OWNER'S NAME			REALTY/OWNER'S TELEPHONE NUMBER

**PERSONAL HISTORY STATEMENT
PART VII
EDUCATION**

1. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL THE SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH (9TH) GRADE, BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, OR TRADE SCHOOLS, AND, IF RELEVANT TO THE POSITION YOUR APPLYING, MILITARY SCHOOLS.

A.

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?	
FROM	TO			
			YES	NO

B.

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?	
FROM	TO			
			YES	NO

C.

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?	
FROM	TO			
			YES	NO

D.

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?	
FROM	TO			
			YES	NO

E.

1. NAME OF SCHOOL		2. ADDRESS (STREET, CITY, STATE, ZIP)		
3. DATES ATTENDED		4. HIGHEST GRADE COMPLETED	5. DID YOU GRADUATE?	
FROM	TO			
			YES	NO

1. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA? YES NO		2. DID YOU PASS A G.E.D. (GENERAL EDUCATION DEVELOPMENT TEST)? YES NO		
--	--	---	--	--

3. DID YOU OBTAIN YOU G.E.D. CERTIFICATE FROM THE ARMED FORCES?		YES	NO
---	--	-----	----

**PERSONAL HISTORY STATEMENT
PART VIII
EMPLOYMENT DATA**

YOUR ANSWERS WILL BE SUBJECT TO VERIFICATION.

A. CURRENT EMPLOYER

NAME AND ADDRESS OF EMPLOYING ORGANIZATION		DATES EMPLOYED (MONTH/DAY/YEAR)		IS THIS A U.S. OR STATE GOVT. AGENCY?	
		FROM	TO	YES	NO
		YOUR ANNUAL SALARY		CHECK APPLICABLE BLOCK:	
		\$		FULL TIME	PART TIME
				TEMPORARY	VOLUNTARY
				INTERMITTENT	UNEMPLOYED
EXACT TITLE OF YOUR JOB	WORK PHONE NUMBER	NAME OF SUPERVISOR		SUPERVISOR'S PHONE #	

BRIEFLY DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES:

YOUR REASON FOR LEAVING?

WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYER WAS CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?	YES	NO	WHEN MAY WE CONTACT?
--	-----	----	----------------------

B. PREVIOUS EMPLOYER

NAME AND ADDRESS OF EMPLOYING ORGANIZATION		DATES EMPLOYED (MONTH/DAY/YEAR)		IS THIS A U.S. OR STATE GOVT. AGENCY?	
		FROM	TO	YES	NO
		YOUR ANNUAL SALARY		CHECK APPLICABLE BLOCK:	
		\$		FULL TIME	PART TIME
				TEMPORARY	VOLUNTARY
				INTERMITTENT	UNEMPLOYED
EXACT TITLE OF YOUR JOB	WORK PHONE NUMBER	NAME OF SUPERVISOR		SUPERVISOR'S PHONE #	

BRIEFLY DESCRIBE YOUR JOB DUTIES AND RESPONSIBILITIES:

YOUR REASON FOR LEAVING?

**PERSONAL HISTORY STATEMENT
PART VIII
EMPLOYMENT DATA**

1. HAVE YOU:

YES

NO

A. EVER BEEN DISCHARGED FROM EMPLOYMENT(FIRED) FOR ANY REASON?

B. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER
INTENDED ON DISCHARGING (FIRING) YOU FOR ANY REASON?

C. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER
INTENDED ON TAKING ANY FORM OF DISCIPLINARY ACTION AGAINST YOU?

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS, GIVE FULL DETAILS IN THE SPACE BELOW.
INCLUDE THE NAME AND ADDRESS OF THE EMPLOYER, APPROXIMATE DATE(S), AND THE CIRCUMSTANCES IN EACH
CASE.

**PERSONAL HISTORY STATEMENT
PART XI
MISCELLANEOUS**

1. DO YOU NOW, OR HAVE YOU IN THE PAST, USED, TRIED, OR EXPERIMENTED WITH:		
A. MARIJUANA (IN ANY OF ITS FORMS)?		
B. NARCOTICS OF ANY KIND?		
C. DANGEROUS DRUGS OF ANY KIND?		
D. ANY OTHER ILLEGAL DRUGS?		
IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART XIV).		
2. HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON?		
IF "YES", GIVE FULL DETAILS BELOW.		
4. IF YOU HAVE EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN, HAVE YOU EVER DISCHARGED YOUR WEAPON (OTHER THAN AT AN APPROVED RANGE), OR BEEN THE SUBJECT OF AN INVESTIGATION REGARDING THE DISCHARGE OF YOUR WEAPON? IF YES, GIVE FULL DETAILS BELOW.		

SIGNATURE PAGE

IF ANY INFORMATION SHOULD SURFACE DURING THE STAGES OF THIS INVESTIGATION, WHICH WOULD DISQUALIFY YOU FROM FURTHER CONSIDERATION, THE INVESTIGATION WILL BE TERMINATED IMMEDIATELY AND YOU WILL BE NOTIFIED ACCORDINGLY.

YOU ARE ADVISED THAT EACH STATEMENT GIVEN ON THIS APPLICATION WILL BE INVESTIGATED AND ANY INACCURATE OR UNTRUTHFUL OR MISLEADING ANSWER WILL BE CAUSE FOR REJECTION.

I HEREBY CERTIFY THAT ALL THE FOREGOING ANSWERS ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

_____ DATE _____ SIGNATURE _____

CITY/COUNTY OF _____

STATE OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____

HERNDON POLICE DEPARTMENT
P.O. BOX 427
397 HERNDON PARKWAY
HERNDON, VA 20170
(703) 435-6872

AUTHORIZATION TO RELEASE INFORMATION

THIS IS TO CERTIFY THAT I, _____, AM AN APPLICANT FOR THE POSITION OF _____ WITH THE HERNDON POLICE DEPARTMENT AND THAT I DO HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL DOCUMENTS TO THE HERNDON POLICE THAT THEY MAY REQUEST, FROM WHOMEVER THEY MAY DEEM IT NECESSARY TO MAKE SUCH A REQUEST FROM ANY OF MY RECORDS OR FILES. SUCH INFORMATION WILL INCLUDE, BUT WILL NOT BE LIMITED TO: MILITARY RECORDS, POLICE RECORDS, ARREST RECORDS, COURT RECORDS, CIVIL LIABILITY, POLICE REPORTS INCLUDING JUVENILE RECORDS, BACKGROUND INVESTIGATIVE MATERIAL AND REPORTS, EMPLOYMENT RECORDS, ATTENDANCE RECORDS, TRAFFIC RECORDS, EDUCATIONAL RECORDS AND TRANSCRIPTS, ETC. I ALSO RELEASE ALL PERSONS FROM ANY LIABILITY, WHICH COULD RESULT FROM FURNISHING SAID INFORMATION TO THE HERNDON POLICE.

FURTHER, I AUTHORIZE THE HERNDON POLICE TO COPY OR OTHERWISE REPRODUCE THIS ORIGINAL DOCUMENT, AND TO LET SUCH COPIED OR OTHERWISE REPRODUCED COPY ACT AS THE ORIGINAL INSTRUMENT. THE ORIGINAL DOCUMENT IS TO BE RETAINED ON FILE WITH THE HERNDON POLICE.

I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISAPPROVED, THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT BE REVEALED TO ME.

DATE

SIGNATURE

ADDRESS

CITY COUNTY OF _____

STATE OF _____

GIVEN UNDER MY HAND THIS _____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

HERNDON POLICE DEPARTMENT
P.O. BOX 427
397 HERNDON PARKWAY
HERNDON, VA 20170
(703) 435-6872

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

THIS IS TO CERTIFY THAT I, _____, AM AN APPLICANT FOR THE POSITION OF _____ WITH THE HERNDON POLICE DEPARTMENT AND THAT I DO HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL DOCUMENTS TO THE HERNDON POLICE THAT THEY MAY REQUEST, FROM WHOMEVER THEY MAY DEEM IT NECESSARY TO MAKE SUCH A REQUEST, FROM ANY OF MY RECORDS OR FILES. SUCH INFORMATION WILL INCLUDE, BUT WILL NOT BE LIMITED TO CREDIT RECORDS AND FINANCIAL RECORDS. I ALSO RELEASE ALL PERSONS FROM ANY LIABILITY WHICH COULD RESULT FROM FURNISHING SAID INFORMATION TO THE HERNDON POLICE.

FURTHER, I AUTHORIZE THE HERNDON POLICE TO COPY OR OTHERWISE REPRODUCE THIS ORIGINAL DOCUMENT, AND TO LET SUCH COPIED OR OTHERWISE REPRODUCED COPY ACT AS THE ORIGINAL INSTRUMENT. THE ORIGINAL DOCUMENT IS TO BE RETAINED ON FILE WITH THE HERNDON POLICE.

I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISAPPROVED, THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT BE REVEALED TO ME.

DATE

SIGNATURE

ADDRESS

CITY/COUNTY OF _____

STATE OF _____

GIVEN UNDER MY HAND THIS _____ *DAY OF* _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____