



# City of Imperial Police Department

• Miguel Colón, Jr.  
Chief of Police

424 SOUTH IMPERIAL AVENUE, IMPERIAL, CA 92251 PHONE (760) 355-4327 • FAX (760) 355-7960

NAME OF APPLICANT \_\_\_\_\_

To Whom It May Concern:

I am an applicant for the position of Peace Officer with this agency. Under California law, Government Code Section 1031(d) and Code of Regulation Section 1002(a)(3), my prospective employer is required to conduct an investigation into my personal psychological fitness to serve in this capacity.

My prospective employer is required to inquire into all areas of my background that may affect my suitability to be employed as a peace officer, and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release any and all information which you may have concerning me. Including information which may be of a confidential, privileged, and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts, (pursuant to Public Law 93-380), post employment medical, surgical, psychological and dental records if I am offered employment with this agency (pursuant to the Medical Information Act, Civil Code Section 56, et seq. And 29 C.F.R. 1630), credit and financial information (pursuant to the Banking Privacy and fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300[b][10]), and/or any other information which you may possess. And I exonerate, release, and discharge you, your organization, its officers, agents, and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form. I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization.

Because law mandates this background investigation, your responses enjoy *absolute privilege* pursuant to Civil Code Section 47 and will be shared only with governmental agencies or their agents. You may retain this form for your files.

A photocopy of this waiver is to be considered as valid as the original even though it does not contain an original of signature. *Do not return this waiver with the enclosed mailer. The waiver is to be held by the recipient for a record of release of information.*

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature (Notarized)

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_  
On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_

\_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal \_\_\_\_\_  
Notary's Signature

**THIS WAIVER IS VALID FOR A PERIOD OF EIGHTEEN (18) MONTHS FROM THE DATE OF MY SIGNATURE. THIS FORM MUST BE COMPLETED FOR SWORN APPLICANTS ONLY.**