

Wixom Police and Fire Departments

Ronald W. Moore: Director of Public Safety

Jeffrey Roberts: Fire Chief



Authority to Release Information for City Employment Police & Fire Departments

This authorization form is presented to all applicants for employment with the City of Wixom Police and/or Fire Department(s). While the completion of this form is voluntary, the City of Wixom and its agents reserve the right to disqualify and/or refuse to process the application of anyone who refuses to sign and/or duly provide the requested authority. Read each paragraph below carefully. In addition to your complete signature at the end of this form, you must initial next to each paragraph that follows to indicate that you have read, understand, and agree to the contents of each and every authorization, release, waiver, designation, and request.

____ I hereby authorize the City of Wixom, Michigan to conduct an investigation into my background including: any contact with any police agency; any criminal history conviction(s) and/or pending criminal charge(s); driving record; present and previous employment including attendance records, pre-employment investigations, background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; educational background and transcripts as well as athletic records; military service history; any application or account at any financial or credit granting institution including records of deposits, withdrawals, and balances of checking and savings accounts as well as loans; credit history - record and score; any record with any public utility or company providing gas, electric, telephone, or internet products and services; personal history, character, and reputation; history of mental illness; any record of any doctor, hospital, and dentist (after a tentative offer of employment has been made) or mental health counselor and any service performed by them; police and/or fire academy test results, performance and behavior; use of internet social network sites, any real and personal property tax statements and records; records of civil complaints made by or against me where-so-ever located; records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case which I presently have or have had an interest in; and to conduct any other investigation that it deems appropriate in its sole opinion.

____ I request that any custodian, keeper, or person with any knowledge of the aforementioned information, written or unwritten, or any of its agents with any knowledge concerning myself, including duly constituted law enforcement agencies, judicial officers, police and/or fire academy staff, or other persons with knowledge about myself, furnish the City of Wixom, Michigan with any and all information that it may have pertaining to and/or concerning me.

____ I, hereby, authorize the release of any and all record(s) of any confidential information concerning me to any employee of the City of Wixom for use in conjunction with my application for employment at the Police and/or Fire Department(s). I hereby release you and your employees and/or agents from any liability or claim for any damage whatsoever incurred by me as a result of the furnishing of this information. Furthermore, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action, and any other rights afforded me pursuant to PA 397 of 1978, as amended – the Bullard-Plawecki Employee Right To Know Act.

____ I authorize the City of Wixom to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer of prospective future employer without notification to me of such disclosure and I release the City of Wixom from any liability in connection with such use or disclosure.

____ If I am hired by the City of Wixom, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the City of Wixom as they are from time to time changed, with or without notice to me.

____ If I am hired by the City of Wixom, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that, except as set forth in any collective bargaining agreement, the City of Wixom can terminate the employment relationship at any time, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other City document or verbal statement to the contrary. No one except the City Manager can enter into any kind of employment relationship or agreement, which is contrary to the above. To be enforceable, such relationship or agreement must be in writing and personally signed by the City Manager and myself, and be attested by the Wixom City Council.

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____ I agree not to commence any action or suit relating to my employment with the City more than six (6) months after the occurrence of the facts giving rise to the claim, or more than six (6) months after the date of my termination of such employment, whichever is earlier, and to waive any longer statute of limitations to the contrary. In the event that the statute of limitations applicable to such a claim is less than six (6) months, I agree that the shorter statute of limitations shall apply.

____ I reiterate and emphasize that 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 a background investigation which may provide pertinent data for the City of Wixom Police and/or Fire Departments to consider in determining my suitability for employment. .

____ Furthermore and in consideration of the City of Wixom, Michigan considering my application for employment, I hereby release, relieve, and indemnify the City of Wixom, Michigan, the Wixom Police and/or Fire Department(s), and any employee or agent of the City of Wixom from and against any and all liability and/or damages of whatsoever kind or nature arising from the use of any information and/or records pertaining to me and received during the course of any investigation concerning myself.

____ This authorization shall continue until it is revoked by me in writing. A photocopy, reproduction, facsimile transmission or other electronic/digital transmission of this authorization shall be for all intents and purposes as valid as the original.

____ I acknowledge that I have read and understand the content and import thereof.

SIGNATURE			DATE
YOUR FULL NAME (Please Print)			
LAST	FIRST	MIDDLE	
OTHER NAME(S) USED OR FORMER NAME(S) (e.g. Maiden Name or Alias)			
ADDRESS WHERE YOU RESIDE			
NUMBER/STREET			APT/UNIT
CITY	STATE	ZIP	
DRIVER'S LICENSE			SOCIAL SECURITY NUMBER
NO.	STATE	EXP	

THIS FORM MUST BE NOTARIZED. YOU MAY HAVE IT NOTARIZED WHEREVER CONVENIENT. HOWEVER, YOU MAY HAVE IT NOTARIZED WITHOUT CHARGE AT THE CITY OF WIXOM. IF YOU CHOOSE TO HAVE THIS FORM NOTARIZED AT THE CITY OF WIXOM OFFICES, THEN YOU MUST CALL AND MAKE AN APPOINTMENT TO DO SO.

State of Michigan

County of _____

Subscribed and sworn to before me this _____ **day of** _____, **20** _____

Notary Public Signature: _____

Notary Public Printed Name: _____

My Commission Expires: _____