

VILLAGE OF HOLLY

300 East Street, Holly, MI 48442
Phone: (248) 634-9571 Fax: (248) 634-4211

APPLICANT INFORMATION SHEET AND AUTHORIZATION FOR RELEASE OF INFORMATION

Type or Print Only:

Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Residential Address: _____
(Street, City, State, Zip)

Phone #: _____ Email: _____

Driver's License #: _____ Issuing State: _____ Gender: _____

Authorization for release of information:

I hereby authorize and irrevocably agree to the following terms and conditions in consideration of employment with the Village of Holly.

The Village of Holly, Michigan, is authorized to conduct an investigation into my background, including criminal, medical, military and personal history, driving record, previous employment, educational background, and to conduct any other investigation that it deems appropriate and necessary to determine by fitness as a candidate for employment.

I request any custodian of the aforementioned information, including duly constituted law enforcement agencies, judicial officials or any other appropriate persons to furnish the Village of Holly with all information it may have pertaining to me. I hereby authorize the release of any and all such records of any confidential information to any member of the Village of Holly Police Department to be used in conjunction with my application for employment.

Further, I hereby release from liability and promise to hold harmless under any and all causes of legal action, the Village of Holly, any of its officers, agents, or employees, and any and all persons or entities who shall furnish any information or opinions to the officers, agents, or employees who conduct my background investigation, for any statements, acts or omissions, or infringements upon my present legal rights in consideration of my application for employment with the Village of Holly. I hereby release, relieve and indemnify the Village of Holly, Michigan, the Holly Police Department, such custodian of the records as herein indicated, and any law enforcement agency employee or person, from and against any and all liability and/or damages of whatsoever kind or nature arising from the disclosure of any information and/or reports pertaining to me which is obtained during such investigation.

Further, in consideration thereof, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to MCL 423.501, the

Employee Right to Know Act. I hereby authorize any and all persons specifically named or unnamed who are presented with this release by a duly sworn law enforcement officer, to release any and all information known to them about me, my character and personal history to said officer for the purpose of my application for employment with the Village of Holly. I hereby give permission to release any and all information as may be required by the Village of Holly, Michigan, Department of Police. I expressly agree that I will never attempt to obtain the results of my background investigation, realizing this information must remain confidential.

Applicant Signature

Date

MUST BE SIGNED IN FRONT OF NOTARY PUBLIC

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

Notary Public

My commission expires:

NOTARY STAMP