

DATE: / /

POSITION:

NAME:



The City of Bedford

Application for Employment

(www.bedfordtx.gov)

Statement of Equal Employment Opportunity: The City of Bedford will not discriminate against any applicant for employment because of race, color, religion, sex, sexual orientation, age, national origin, physical or mental disabilities or because they are disabled veterans or veterans of the Vietnam era.

Instructions to Applicant: Thank you for your interest in employment opportunities within the City of Bedford. In order for us to successfully process this application, we ask that you print clearly and use ink. Please answer all questions. We cannot process an incomplete application. If you require accommodations to complete this application or any pre-employment assessments, please notify the Human Resources Department.

Note: Applications must be mailed or submitted in person (Location below). Applications listing multiple positions or without original signatures will not be considered.

Personal

Last Name	First	Middle	Date:
			Email:
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Alternate Telephone
If Yes, Month and Year _____ Location _____			()
Position Desired (MUST be a specific and open position.)			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift <input type="checkbox"/> Temporary/Seasonal			If temporary/seasonal or shift, specify availability.
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Have you ever been convicted of a misdemeanor or a felony other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No (Convictions will not necessarily disqualify you for employment)			If yes, please explain. Also, list what counties/states.
<u>Texas Driver's License Violation Guidelines with Regard to Applicants:</u>			
No more than two moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 24 month period.			
No more than four moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 36 month period.			
No DWI or DUID conviction during the preceding 36 month period.			

The City of Bedford is an Equal Opportunity/Affirmative Action Employer

Applications may be mailed to:

City of Bedford

Human Resources Department

2000 Forest Ridge

Bedford, TX 76021

The Human Resources Department is located in City Hall, Building B.

Hours of operation are Monday through Friday, 8:00am - 5:00pm.

Employment History

Please give accurate, complete full-time and part-time employment records for the last seven (7) years. Use additional sheets of paper if necessary. Start with your present or most recent employer. **Do not write "see resume"**.

1. Name of Employer	Date Hired	Date Left
Street Address	Starting Position	Starting Rate of Pay
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

2. Name of Employer	Date Hired	Date Left
Street Address	Starting Position	Starting Rate of Pay
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

3. Name of Employer	Date Hired	Date Left
Street Address	Starting Position	Starting Rate of Pay
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

4. Name of Employer	Date Hired	Date Left
Street Address	Starting Position	Starting Rate of Pay
City, State, Zip	Last Position Held	Ending Rate of Pay
Phone Number ()	Name and Title of Immediate Supervisor	
Reason for Leaving		

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer Name(s) _____ Reason _____
Have you been discharged or asked to resign from any job within the last seven (7) years? If so, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	High School	Undergraduate College/University	Trade or Technical School	Graduate/Professional
School Name and Location				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Please describe any courses, programs, or other activities in which you participated that relate to the position for which you are applying.				

Military Service

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what Branch?
--	----------------------

Please describe any job-related training received in the United States Military

Miscellaneous

List any professional certificate / license or professional memberships related to the position for which you are applying. Also, list any foreign language skills you possess that may be of benefit in this position.

Do you have any relatives working for the City of Bedford? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name(s).	Have you ever worked for the City of Bedford? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and under what name?
---	---

Business References

Name and Title	Company	Phone Number
		()
		()
		()



Certification and Agreement

Please Read Carefully Before Signing:

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, dismissal. I further understand that The City of Bedford is an at-will employer and that this application document is not a contract for employment.

- I consent and authorize the City of Bedford to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business references to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to the City of Bedford. I understand that the information provided in this application will be used solely for determining my eligibility for employment.
- I understand that in accordance with the City of Bedford's Drug Free Workplace Policy, all applicants being considered for employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drugs or alcohol abuse.
- I understand that if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.
- I also understand and agree that if employed by the City of Bedford, I will be an employee-at-will. As an employee-at-will: (1) either the City of Bedford or I may terminate the employment relationship at any time, with or without cause; and, (2) there is no agreement, expressed or implied, between the City of Bedford and me for any specific period of employment or for continuing or long term employment. I understand that if hired, my at-will employment with the City of Bedford may only be modified by a separate written document signed by the City Manager and me.
- I consent and authorize the City of Bedford to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release the City of Bedford, its respective employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.
- I agree that if terminated from employment, I will participate in mediation before seeking litigation for any civil claims under the law.
- I further agree that in the event civil litigation is pursued, I will waive my right to a jury trial.
- If employment is obtained under this application, I will comply with all policies and regulations of the City of Bedford. I agree to be responsible for city property and equipment issued to me by the City of Bedford until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required by the city.
- If hired, I understand that I must maintain an active bank account in order for the City of Bedford to direct deposit my payroll checks. Additionally, it is my responsibility to notify Human Resources of any changes to my banking information that would directly affect the direct deposit of my payroll checks.
- I am aware of the guidelines for violations on a Texas Driver's License with regard to an applicant as follows:
 1. No more than two moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 24 month period
 2. No more than four moving violations and/or accidents recorded against the applicant's driver's license by any licensing agency within the preceding 36 month period.
 3. No DWI or DUID conviction during the preceding 36 month period.

Applicant Signature

Date



Notice to Job Applicants of the City of Bedford's Alcohol and Substance Abuse Screening Policy and Agreement

I acknowledge that I have been informed that the City of Bedford (the City) requires each job applicant, as a condition of employment, to submit to a urine or other testing procedures for controlled substances and alcohol. These procedures will be conducted by the City's medical facility and paid for by the City.

I agree to submit to such tests and hereby authorize release and disclosure of the results to the City. Prior to taking such tests or examinations, I will declare any prescribed control substances that I am taking as well as any over-the-counter medications.

I further acknowledge that any test results which show the presence of a controlled substance in the absence of a medically acceptable prescription will result in denial of employment or dismissal, once employed. Any test results which show the presence of alcohol will result in denial of employment or discipline up to and including possible dismissal, once employed. Any initial positive test result on urine will automatically be confirmed by running a gas chromatography/mass spectrometry (GC/MS) test on the same sample. No positive test result will be released unless or until it is confirmed by the GC/MS test. After a confirmed positive test result, an employee or applicant may, at their own expense, have a third test conducted on the same sample at a laboratory selected by the City. Any employment actions taken as a result of a confirmed positive test result can be addressed under the City's grievance procedure contained in the Personnel Policies.

I agree to sign any documents that may be necessary to consent to the testing and to permit release of and disclosure to the City of any medical examination or medical tests for controlled substances or alcohol. The failure to sign such documents will result in denial of employment or dismissal, once employed.

While I am employed with the City, I agree as a condition to my continued employment to submit to any additional examinations or tests required by said policies, rules and regulations. This includes but is not limited to unannounced random controlled substances and alcohol tests or examinations. I hereby authorize release and disclosure of the results of such tests or examinations to the City.

I hereby release and hold harmless the laboratory and any person(s) involved with the taking of such specimens from any liability arising from the taking of fluids and for any ill effects that may result from the substance testing procedures.

I have read the foregoing agreement. I understand that I may refuse to sign this document; however, my refusal will result in rejection of my application for employment. I have thoroughly read the forgoing and hereby consent to its terms. I understand that my compliance with such terms is a condition of continued employment with the City of Bedford and that employment is At-will.

Signature of Applicant

Printed Name of Applicant

Date Signed



Statement Concerning Your Employment in a Job Not Covered by Social Security

Name of Applicant: _____

If hired, your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "*Windfall Elimination Provision.*"

Government Pension Offset Provision

Under the government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "*Government Pension Offset.*"

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have read this information on Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits, if hired at the City of Bedford.

Signature of Applicant: _____ Date: _____

Form SSA-1945 (12-2004)



CONSENT DOCUMENT

DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for employment (including contract or volunteer services) with the City of Bedford, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

The following information is being requested in order to conduct a background check on you:

APPLICANT'S LEGAL NAME:

Last Name First M.I.

CURRENT HOME ADDRESS:

Street City/State Zip

DATE OF BIRTH:

SOCIAL SECURITY #

Month/Day/Year

DRIVER'S LICENSE #:

ISSUING STATE:

RESIDENTIAL HISTORY: LIST ALL RESIDENTIAL ADDRESSES IN THE LAST 7 YEARS

From: To:

Address City State Zip

Address City State Zip From: To:

Address City State Zip From: To:

Signature

Date



City of Bedford
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



City of Bedford
Veteran Self-Identification Form

Protected Veterans

Definition:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces services medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.



City of Bedford
Veteran Self-Identification Form

Self Identification

If you believe you belong to any of the categories of protected veterans listed on the previous page, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed

Disabled Veteran

Recently separated veteran

Active wartime or campaign badge veteran

Date of discharge (mm/dd/yyyy)

Armed forces service medal veteran

I am a protected veteran, but I choose not to self-identify the classification to which I belong

I am not a protected veteran

I am not a veteran

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name

Today's Date



City of Bedford

Applicant Frequently Asked Questions

Q. When will I be contacted about an interview?

A. Human Resources serves as a collection point for all employment applications. Once we receive an application we forward it to the department that has the vacancy. That department, in turn, will contact applicants that they feel are most qualified for an interview. Our goal is to fill all vacancies as quickly as possible.

Q. Why can't I just submit a resume instead of filling out an application?

A. The application is the City's official employment document. We require that a completed application be submitted for each position for which the applicant wishes to apply.

Q. Why do I have to fill out an application for each position that I want to apply for?

A. The City of Bedford is an affirmative action employer. We require (for record keeping purposes) a separate application for each position for which an applicant wishes to apply. Since it is likely that the vacancies are in different departments, an application filled out for multiple vacancies may not be forwarded out of the department to which it was originally sent.

Q. What does it mean when a job posting has a "closing date"?

A. This means that applications will be accepted through 5 p.m. on the closing date. Applications submitted and/or received after the closing date will not be forwarded to the interviewing department. NOTE: If an application is postmarked before the closing date it will be considered as received within the appropriate time frame.

Q. What does it mean if there is no closing date listed on the application?

A. This means that the department will accept applications until the position is filled.

Q. If typing skills are a job requirement, will I be given a typing test?

A. Yes, you will be given a typing test only if you are called in for an interview. If a typing test is administered, you must pass the test in order to be interviewed.

Q. What are the guidelines for violations on a Texas Drivers License with regard to an applicant?

- A.**
1. No more than two moving violations and /or accidents recorded against the applicant's drivers license by any licensing agency within the preceding 24 month period; and,
 2. No more than four moving violations and/or accidents recorded against the applicant's drivers license by any licensing agency within the preceding 36 month period; and,
 3. No DWI or DUID conviction during the preceding 36 month period.

Q. Can I follow up with a phone call to the interviewing supervisor to make sure my application was received?

A. If a contact name and phone number appears on the job posting you may feel free to contact that person regarding the status of your application. If no contact information appears on the job posting, that means that the interviewing supervisor does not wish applicants to contact him/her regarding the status of an application. Human Resources staff will honor that request and will not give out that information to job applicants. Human Resources will forward all job applications on the day that they are received.

Q. How may I submit an application for employment?

A. Applications may be submitted to Human Resources online, by mail, in person or over the fax machine. Specific information is located at the bottom of the employment application.

Q. Will I be notified when the position that I applied for is filled?

A. Unfortunately, due to the high volume of applications that we receive for each opening, we are unable to provide each applicant with a written notification that a position has been filled. However, you may check whether or not a position has been filled by accessing our city website at www.bedfordtx.gov.

Date: / /

Position:

Name:



The City of Bedford Application Addendum

All Applicants (excluding Police Officer, Dispatcher,
Public Service Officer, Detention Officer, Police Records/Property, Municipal
Court, IS, Fire Marshal, and Firefighter, Fire Investigator)

www.bedfordtx.gov

Instructions to the Applicant:

Before you begin to fill out this application addendum, please ensure that you meet the following requirements. You must meet both these requirements to qualify for the position that you applied for.

I am legally authorized to work in the United States of America.

I have reviewed the job description and meet the requirements.

DISQUALIFICATION

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can, and often will, result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

This application addendum is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document including if employed, termination.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate that in your response.
- If you need more space, for any response, use the last page of this form (page 17) and identify the additional information by the questions number.

Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process, applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

The City of Bedford is an Equal Opportunity/Affirmative Action Employer

Initial this page to indicate that you have provided complete and accurate information: ____

APPLICATION ADDENDUM

2 OF 18

SECTION 1: PERSONAL

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOW BY:		
3. ADDRESS WHERE YOU RESIDE		
NUMBER/STREET	APT/UNIT	
CITY	STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
5. CONTACT NUMBERS		
HOME ()	WORK ()	EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS		
HOME	BUSINESS	
7. DRIVER'S LICENSE NO.	STATE	EXPIRES

SECTION 2: REFERENCES

List 3 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				
HOW LONG HAVE YOU KNOWN THIS PERSON:				
B) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				
HOW LONG HAVE YOU KNOWN THIS PERSON:				
C) NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)				
HOW LONG HAVE YOU KNOWN THIS PERSON:				

Initial this page to indicate that you have provided complete and accurate information: ____

APPLICATION ADDENDUM

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SECTION 3: EDUCATION

8. LIST/DESCRIBE ANY OTHER INFORMATION PERTAINING TO YOUR EDUCATION THAT YOU WOULD LIKE THE CITY OF BEDFORD TO BE AWARE OF.

NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO

9. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? YES NO

If "yes" in # 9, describe in detail below: Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), approximate date of occurrence, and explanation of circumstances.

APPLICATION ADDENDUM

5 OF 18

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- List **ALL** jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 17).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, EXPLAIN:		

B) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence			
<input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)			

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

D) PERIOD OF UNEMPLOYMENT		FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence			
<input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)			

Initial this page to indicate that you have provided complete and accurate information: ____

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E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)	FROM	TO
---	------	----

G) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)	FROM	TO
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I) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)	FROM	TO
---	------	----

Initial this page to indicate that you have provided complete and accurate information: ____

APPLICATION ADDENDUM

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K) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)	FROM	TO
---	------	----

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

	Yes	No
N) Have you ever been discipline at work? (this includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions?)		
O) Have you ever been fired, released from probation, or asked to resign from any place of employment?		
P) Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?		
Q) Have you ever resigned in lieu of termination?		
R) Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc)?		

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APPLICATION ADDENDUM

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	Yes	No
S) Were you ever the subject of a written complaint at work?		
T) Have you ever been counseled at work due to lateness or absences?		
U) Did you ever receive an unsatisfactory performance review?		
V) Have you ever sold, released, or given away legally confidential information?		
W) Have you ever called in sick when you were neither sick nor caring for a sick family member. If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions N – W**, explain (include when, where and circumstances; indicate corresponding number):

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APPLICATION ADDENDUM

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SECTION 6: MILITARY EXPERIENCE

11. Are you required to register for the Selective Service? Yes No
 If yes, have you registered? Yes No
 If no, explain:

12. BRANCH OF SERVICE _____ Dates of Service
 To: _____

13. TYPE OF Entry Level Honorable General OTH (Other than honorable)
 DISCHARGE: Re-entry Code (1-4) - refer to your DD-214:

14. Are you currently participating in one of the following? _____ If checked, date obligation ends:
 Military Reserve National Guard

15. Have you ever been the subject of any judicial or non-judicial disciplinary actions (such as, court martial, captain's mast, office hours, company punishment)? Yes No

16. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded, either military or any other federal, state, or municipal clearance? Yes No

17. If you answered yes to **Questions 15 and/or 16**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

	Yes	No
18. Have you ever failed to pay Federal, State, or other taxes?		
19. Have you ever failed to file a tax return, when required by law?		
20. Have you ever had a lien placed against your property for failing to pay taxes or other debts?		
21. Have you ever been disciplined regarding the use of a travel/credit card provided by an employer?		
22. Have any of your bills ever been turned over to a collection agency?		
23. Have you ever had purchased goods repossessed?		
24. Have you ever avoided paying any lawful debt by moving away?		
25. Have you ever defaulted on (failed to pay) a loan, including a student loan?		

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	Yes	No
26. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?		
27. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?		
28. Are you in arrears on court ordered child support?		

If you answered yes to any of **Questions 18 - 28**, explain (include when, where, and why; indicate corresponding numbers):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a position with the City of Bedford, you are required to disclose any of the following which occurred since age 17.

- **ALL** detentions or arrests, if they resulted in a conviction.
- **ALL** convictions
- **ALL** diversion programs that were not successfully completed.

If more space is needed, continue on page 17.

As an adult, have you EVER been detained for investigation, held on suspension, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

Yes No

If yes, explain each incident.

A) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
---------------------	-------------------------------

CHARGE

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DISPOSITION OR PENALTY

B) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

D) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

	Yes	No
29. Have you ever been placed on court probation as an adult?		
30. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?		
31. Have the police ever been called to your home for any reason?		
32. Have you or your spouse/partner ever been referred to Child Protective Services?		
33. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?		
34. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?		

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	Yes	No
35. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?		

36. Have you ever filed a false insurance or workers' compensation claim?		
---	--	--

If you answered yes to any of **Questions 29 – 36**, explain (include court case or document, dates and circumstances; indicate corresponding number):

37. UNDETECTED ACTS – PART 1

Since the age of 17, have you ever committed any of the following misdemeanors?

	Yes	No
A) Annoying / obscene phone calls		
B) Assault (use of force or violence upon another)		
C) Assault (use of force or violence upon a family member)		
D) Brandishing a weapon (any type of weapon)		
E) Contributing to the delinquency of a minor		
F) Defrauding a retail establishment, including, but not limited to, not paying for food or room at a hotel/motel.		
G) Driving under the influence of alcohol and/or drugs		
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).		

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	Yes	No
I) Hit & run collision (no injuries)		
J) Illegal gambling		
K) Joyriding (using a car or other vehicle without owner's permission)		
L) Theft (value up to \$500, including shoplifting/switching price tags)		
M) Possession of falsified or altered identification, including use of another person's ID (for any reason)		
N) Possession of stolen property (including vehicles)		
O) Prostitution or soliciting a prostitute		
P) Resisting arrest (including running from the police)		
Q) Trespassing		
R) Vandalism (including "tagging," malicious mischief and/or property damage)		
S) Intentionally writing a bad check		
T) Filing a false police report		
U) Any other act amounting to a misdemeanor within the past seven years		

If you answered yes to **any** item(s) in **Question 37**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (37 – A, etc) for each explanation.

38. UNDETECTED ACTS – PART 2

At any time in your life have you **ever** committed any of the following?

	Yes	No
A) Arson (intentionally destroying property by setting a fire)		
B) Assault with a deadly weapon		
C) Theft of a vehicle and/or vehicle parts		
D) Burglary (entering a structure or vehicle to commit theft or other crime)		
E) Child molestation (performing unlawful acts with a child)		
F) Accessing, producing, or possessing child pornography		

Initial this page to indicate that you have provided complete and accurate information: ____

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	Yes	No
G) Injury to a child/elderly/or disabled		
H) Embezzlement (theft of money or other valuables entrusted to you)		
I) Felony drunk driving (involving injuries)		
J) Forcible rape or other act of unlawful intercourse		
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)		
L) Hit & run (with injuries)		
M) Hate crime		
N) Insurance fraud		
O) Theft (value of over \$500, or any firearm)		
P) Murder, homicide, or attempted murder		
Q) Perjury (lying under oath)		
R) Possession of an explosive/destructive device		
S) Robbery (theft from another person using a weapon, force, or fear)		
T) Stalking		
U) Blackmail or extortion		
V) Any other act amounting to a felony		

If you answered yes to **any** item(s) in **Question 38**, fully explain circumstances, including date(s), names of individuals involved, and resolution, indicate the corresponding letter (38-A, etc.) for each explanation.

SECTION 8: PERSONAL DECLARATIONS

Do you consume alcoholic beverages?

If "Yes", how often? _____

Have you **ever** used marijuana or hashish?

If "Yes", when last used? _____

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Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

If "Yes", how often? _____ When last used? _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone?

39. **Within the past three years**, have you used any non-prescribed drug(s) as indicated above:

Sold		Purchased	
Manufactured		Furnished	

42. Have you ever been refused a driver's license by any state:

43. Has your driver's license ever been suspended or revoked?

SECTION 8: MOTOR VEHICLE OPERATION

44. List all traffic citations, excluding parking citations, you have received within the past seven years:

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED	ACTION TAKEN			
Month Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
B) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED	ACTION TAKEN			
Month Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
C) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED	ACTION TAKEN			
Month Year	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

- Failed to appear Failed to complete traffic school Failed to pay the required fine

If box "D" above is checked, explain circumstances:

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		Yes	No
45. Have you been involved (as the driver) in a motor vehicle accident within the past seven years?			
A) DATE	LOCATION (NUMBER / STREET / APT) CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT) CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT) CITY	STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

Use this space for additional information you would like to include regarding your driving record.

SECTION 9: OTHER TOPICS

	Yes	No
46. Have you ever been refused a permit to carry a concealed weapon?		
47. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?		
48. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?		
49. Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). _____		

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	Yes	No
50. Have you ever committed an act of family violence? ("Family Violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004). If yes, explain: _____ _____		

51. Are there any incidents in your life, or details not mentioned herein, which might influence this department's evaluation of your suitability for employment as a City of Bedford employee? If "yes", explain: _____ _____		
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SECTION 9: OTHER TOPICS continued

If you answered yes to any of **Questions 46 – 51**, give details including dates and circumstances; indicate corresponding number.

SECTION 10: CERTIFICATION

52. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE

Initial this page to indicate that you have provided complete and accurate information: ____



BEDFORD POLICE DEPARTMENT

Release of Information Agreement

_____ / ____ / _____
Full Name (printed) Date of Birth Social Security Number

Address (City, State, Zip)

To Whom It May Concern:

I am an applicant for a position with the Bedford police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Bedford Police Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bedford Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. 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, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bedford Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of all public, private, and confidential information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you and indemnify your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Bedford Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application, if you refuse to disclose the information requested.

For and in consideration of the Bedford Police Department's acceptance and processing of my application for employment. I agree to hold the Bedford Police Department, its agents and employees harmless and indemnify from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Bedford Police Department. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

Release of Information Agreement (Continued)

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Bedford Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Name (signature)

Date

NOTARY

The State of _____

County of _____

Before me _____ on this day personally appeared _____

Known to me (or proved to me on the oath of) _____

or through _____ (description of identification card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, AD ____

(SEAL)

Signature of the notary