

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: ____

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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: ____

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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.

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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)			

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

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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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	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):

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

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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

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

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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?		
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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