



Police Department
701 Maxfield
Bellmead, Texas 76705
254-799-0251

Applicants for City of Bellmead Position:

I understand that in order to be considered for employment as a police officer with the City of Bellmead, any information contained in this application, the background history statement, or any personal or private information that is related to the job I seek, may be investigated and considered by the Bellmead Police Department.

I also understand that any information obtained as a result of this application and background investigation is by law subject to open records requests from any person.

I understand that the Bellmead Police Department will bear no obligation, other than those required by law, to reveal to me, or anyone acting for or against me, any information contained in the background investigation.

Signature of Applicant

Date

Applicant Name: _____
Printed Name



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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the Bellmead Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records, credit statements and records whether filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or counsel representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon this authorization release will be considered in determining my suitability for employment. I also certify that any person(s) who furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

_____ Date _____
Signature of Applicant

Subscribed and sworn to before me, the undersigned authority, on this the _____ day of _____
_____ A.D. 20__.

Notary Public, State of Texas