



GASTON COUNTY POLICE

MAILING ADDRESS : P.O. BOX 1578 GASTONIA, N.C. 28053-1578
STREET ADDRESS : 128 WEST MAIN AVE., GASTONIA, N.C. 28052
TELEPHONE NUMBER : (704) 866-3193 FAX NUMBER (704) 862-5727



AUTHORIZATION FOR RELEASE OF PERSONAL/CREDIT INFORMATION AND TRUTHFULNESS WAIVER

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the Gaston County Police Department, whether the said records are of a public, private, medical, educational or confidential nature, including on-line social networking sites.

I understand that this authorization is to give my consent for full and complete disclosure of whatever information is deemed necessary in the course of a background investigation to determine my suitability for a position with Gaston County. I further understand that the background investigation will be conducted in accordance with the guidelines as prescribed by the North Carolina Criminal Justice Training and Standards Council.

Further, I fully understand that, pursuant to the provisions of the Privacy Act of 1974, I am not required to give my consent or sign this waiver and release form. However, in consideration of and as an inducement for the persons or organizations to release to the Gaston County Police Department the requested information, I hereby agree and promise to indemnify and forever save harmless, both parties, its officers, agent, servants or employees from and against any and all liabilities, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, including attorney's fees of any kind and nature arising or growing out of or in anyway connected with the disclosure of the requested information.

In conjunction with my application for employment with the Gaston County Police Department, I give consent for a departmental investigator to obtain a copy of my consumer credit report. I also give consent for this consumer credit report to be reviewed and considered, in part or in whole by departmental personnel for the purpose of determining my suitability for employment.

In addition you will be required to provide truthful responses during the application and hiring process. Providing false or misleading information shall be sufficient cause for rejection or dismissal, now or at anytime in the future you are employed with us. I hereby certify I have read and fully understand the above statement and agree to be honest and truthful.

I further agree and stipulate that a copy of this waiver and release shall have the same force and effect as the original thereof.

FULL SIGNATURE (Includes Maiden)

SWORN AND SUBSCRIBED BEFORE ME

ADDRESS

This _____ day of _____, 20_____

CITY, STATE & ZIP CODE

NOTARY PUBLIC

DATE OF BIRTH

MY COMMISSION EXPIRES:

SOCIAL SECURITY NUMBER



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PHOTOGRAPH/FINGERPRINT CONSENT FORM

Last _____ First _____ Middle _____

Address _____

Citizenship: _____ U.S. Born _____ U.S. Naturalized _____ Other _____

Social Security Number _____ - _____ - _____ Sex _____ Race _____

Drivers License Number _____ State _____

Date of Birth _____ / _____ / _____ Place of Birth _____

Height: Feet _____ Inches _____ Weight _____

Eye Color: _____ Hair Color: _____

Home Telephone Number: _____
(Area Code) Number

Cellular Telephone Number: _____
(Area Code) Number

***E-Mail Address*:** _____
Future correspondence, requiring the completion of additional forms, will be via e-mail

I _____, voluntarily consent to be fingerprinted and photographed by the Gaston County Police Department. I am fully aware that my photograph and fingerprints will be used for identification purposes during my background investigation I also realize that if I am hired by the Gaston County Police Department that the photograph and fingerprints will become part of my personnel file and if I am not hired the photograph and fingerprints will remain in my background file until such time that files are destroyed.

This written consent to take, use, and retain in files, photographs and fingerprints of me, is given voluntarily to the Gaston County Police Department.

_____/_____
Applicant Signature Date