



Toppenish Police Department

John Clary
Chief of Police

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Cityoftoppenish.us/police/

BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE

I understand that a background investigation is required of all Toppenish Police Department employees to determine my qualifications and fitness to perform my position or the position for which I am applying. I understand that the background investigation includes but is not limited to review of my employment history and discipline; education; criminal history; military history (if any); credit history; driving record/history; reference checks; and any medical or psychological exams required after a conditional offer has been accepted.

I understand that if the results of the background investigation are unsatisfactory for any reason, any offer of employment and/or my employment with the Toppenish Police Department (if already employed) may be withdrawn/terminated. I further understand that any offer of employment and/or my employment with the Toppenish Police Department (if already employed) may be withdrawn/terminated if, in the opinion of the Toppenish Police Department, it is determined at any time that I have made any falsification, misrepresentation, or omission on my application materials, in the application and/or interview process, and/or in the background investigation.

I hereby authorize the City of Toppenish (including but not limited to the Toppenish Police Department and the Human Resources Department) to conduct the background investigation described above, and I hereby authorize any person, government entity, law enforcement or criminal justice agency, educational institution, and/or other organization (public or private) to provide any information and/or records solicited in connection with that background investigation. I hereby release those persons and entities, City of Toppenish and the Toppenish Police Department, elected officials, judges, directors, appointees, managers, employees, volunteers, agents, and assigns, from any and all claims, demand, causes of action or liability that may result from soliciting, providing, reviewing, and/or using such information and records, as well as any and all liability that may result from any withdrawal of any offer of employment and/or termination of my employment with the City of Toppenish that may result therefrom.

I authorize use of photocopies of this Authorization and Release.

Name of Applicant

Signature of Applicant

Date

NOTARY

State of Washington, County of _____.

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20____.

Notary Public in and for the State of Washington,
residing in _____.
My appointment expires _____.