



City of King City

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www.ci.king-city.or.us



TO WHOM IT MAY CONCERN:

I, _____, am an applicant for the position of _____
PRINT NAME PRINT POSITION TITLE

with the King City Police Department. The King City Police Department mandates the completion of a comprehensive background investigation to determine if I possess the requisite qualifications and fitness to serve in this capacity.

I hereby authorize and direct you, your organization, its officers, agents, assigns, and employees to release all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the King City Police Department, whether the said records are of public, private or confidential nature for the purposes of evaluating me for suitability of employment as a _____ with the King City Police Department.

PRINT POSITION TITLE

This includes, but is not limited to: employment information, official employment documents, employment performance data, internal investigations, discipline, and including information which may, as a result of an agreement between the undersigned and your organization, have been sealed; character reference information, background investigations, educational records and transcripts, credit and financial records and local criminal history information pursuant to state law. This authorizes the release of my military service record to the King City Police Department, King City, Oregon.

I, _____, agree to indemnify and hold harmless the person to whom this request is
PRINT NAME

presented and their agents and employees, from and against all claims arising out of or by reason of complying with this request. A photocopy of this release form will be valid as an original. I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will remain completely confidential. I understand that all materials pertaining to this background investigation become the property of the King City Police Department and will not be returned to me. You may retain a copy of this form for your files.

Applicants Signature: _____

Applicant printed name (legal name): _____ Date: _____

Subscribed and sworn to before me on the _____ day of _____, 20____.

Notary Public for State of _____

County of _____

My commission expires: _____

NOTICE TO EMPLOYERS:

Oregon Revised Statute 30.178 states: "An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by a preponderance of the evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under ORS Chapter 659 or 659A."