



Shelbyville Police Department

303 Main Street • Shelbyville, Kentucky 40065
Business Office: (502) 633-2326 • Fax: (502) 647-9840

AUTHORIZATION FOR RELEASE OF INFORMATION

I AM A CANDIDATE FOR EMPLOYMENT WITH THE CITY OF SHELBYVILLE. I HEREBY AUTHORIZE THE SHELBYVILLE POLICE DEPARTMENT TO SEARCH ALL PAST/PRESENT EMPLOYMENT FILES AND RECORDS AND RETRIEVE ANY AND ALL INFORMATION CONCERNING ANY CRIMINAL ARRESTS/CONVICTIONS AND EMPLOYMENT HISTORY RECORDS I MAY HAVE.

PLEASE PRINT NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____

I AGREE TO INDEMNIFY AND SAVE THE ABOVE POLICE DEPARTMENT AND ALL PREVIOUS/PRESENT EMPLOYERS FROM AND AGAINST ALL DAMAGES OR CLAIMS FOR DAMAGE WHICH MAY ARISE EITHER DIRECTLY OR INDIRECTLY AS A RESULT OF THIS SERVICE.

AUTHORIZATION FOR RELEASE OF CREDIT HISTORY

I AM A CANDIDATE FOR EMPLOYMENT WITH THE CITY OF SHELBYVILLE. BELOW YOU WILL FIND MY WRITTEN AUTHORIZATION FOR THE SHELBYVILLE POLICE DEPARTMENT TO SEARCH AND RETRIEVE ALL RECORDS FROM MY PAST AND PRESENT CREDIT HISTORY.

Please write the following statement below, sign and date, I (fill-in full name) **give the Shelbyville Police Department permission to search and retrieve all records from my past and present credit history.**

SIGNATURE

DATE

THE FOREGOING RELEASE WAS SIGNED AND ACKNOWLEDGED BEFORE ME BY _____
_____ TO BE HIS/HER VOLUNTARY ACT AND DEED THIS _____ DAY OF _____

NOTARY PUBLIC STATE AT LARGE

MY COMMISSION EXPIRES _____

NOTARY ID# _____