

Town of Del Norte, Colorado

RELEASE OF INFORMATION

**INSTRUCTIONS:** Applicants for positions within the Del Norte Police Department are required to sign, date and have the Release of Information form notarized prior to submitting the application. Failure to properly complete the form may result in the application being subject to disqualification.

**POSITION APPLYING FOR: (circle one)**

Chief of Police

Police Officer

Part time/Reserve

Officer Code Enforcement

As an applicant with for the position(s) selected above, I am required to furnish information for the use in determining my qualifications. For consideration of my employment with the Town of Del Norte, I hereby authorize the release of any and all information that you have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceedings involving disciplinary matters. I understand that I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

This release will expire sixty days (60) after the date signed.

I hereby release discharge all persons, corporations, entities, the Town of Del Norte, and/or any agent and representative furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records or other information, and such release shall be binding on my legal representatives, heirs, and assigns.

A photocopy of this release form shall be considered as valid.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

State of Colorado )  
Town of Del Norte ) ss  
Rio Grande County )

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

**My Commission Expires:**

**Did You:**

- Include your social security number?
- Answer all questions completely?
- At least 6 years full employment history?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of documents requested, if applicable?
- Sign and date the application?

**Please read this statement carefully before signing below:**

The Town of Del Norte is an Equal Opportunity Employer. I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Town of Del Norte is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. If requested, copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted prior to employment. All information is subject to investigation and verification. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances.

**My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.**

SIGN YOUR NAME HERE	DATE
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