

VAN BUREN POLICE DEPARTMENT

PRE-EMPLOYMENT PHYSICAL AGILITY RELEASE FORM

I, _____, do hereby release indemnify, and agree to hold harmless, the City of Van Buren, the Van Buren Police Department, its employees and agents, and assigns from and against any and all claims, liability, and causes of action which may have accrued or in the future accrue to me as a result of my taking of a test to determine my physical fitness.

I understand that the said skills assessment is required as a part of the application process for consideration for employment with the Van Buren Police Department.

I acknowledge that during the taking of the said test, my physical strength and general physical condition will be measured, and in conjunction therewith, I will be required to exert myself physically, and that such exertion is only intended to measure my physical strength and condition to be considered for employment by the Van Buren Police Department.

I voluntarily agree to participate in the said physical test and realizing the possible consequences of liability that I may presently have or which I may attain in the future as a result of, or with regard to the said physical test.

Signature of Applicant

I, _____, do hereby acknowledge that the foregoing instrument was executed by me for the purpose expressed herein and I acknowledge that I have voluntarily executed the foregoing instrument and that the contents thereof are true and correct.

Signature of Applicant



This section to be completed and stamped by a Notary Public:

SWORN AND SUBSCRIBED TO ME ON THIS _____ DAY OF _____ 2022

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____

**VAN BUREN POLICE DEPARTMENT
PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER**

As an applicant to the Van Buren Police Department for the position of

I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them conform to the very highest standards.

Therefore, I release and hold harmless the Van Buren Police Department and their officers, agents, or assignees, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assignees, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Typed/Printed Name of Applicant: _____

Signature of Applicant: _____

Witness: _____

Date: _____

VAN BUREN POLICE DEPARTMENT

RECORDS RELEASE WAIVER

NAME: _____ RACE: _____ SEX: _____

DATE OF BIRTH: _____ SOCIAL SEC#: _____

I, _____, do hereby authorize a review of all records, or any part thereof, by and to ANY duly authorized agent of the Van Buren Police Department, whether records are public, private or confidential.

The intention of this authorization is to give my consent for full disclosure of the records of the educational institutions; financial or credit institutions; checking and savings account; loan accounts; and records of commercial and retail credit agencies(including credit reports and/or ratings); public or private utility companies; employment and pre-employment records; military service records, including background reports, efficiency ratings, complaints filed by or against me, salary records, real estate and personal property tax records, income tax records, and other financial records wherever filed, records of complaints, arrests, trials, convictions, alleged violations of the law(including criminal, civil, or traffic), results of polygraphs or voice stress tests, records of civil complaints by or against me, wherever located and including records and/or recollections of attorneys or counsel, whether representing me or another person in any case in which I presently have or have had an interest, and any pertinent medical records that could affect your employment with the Van Buren Police Department.

I reiterate, the purpose of this authorization is to provide full and free access to the background and history of my personal life for a background investigation by the Van Buren Police Department to consider in the determination my suitability for employment by the Van Buren Police Department.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Van Buren Police Department. I understand that all materials and information pertaining to this background investigation become the property of the Van Buren Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person/s to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot and will not be released to me.

A photocopy of this release form will valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

APPLICANT SIGNATURE

Subscribed and sworn before me this _____ day of _____, 20 _____

My commission expires _____ 20 _____

Notary Signature