

CITY OF STREATOR
STREATOR POLICE DEPARTMENT
APPLICATION FOR LATERAL TRANSFER

(Please print clearly)

Full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Dept. Position applied for; _____

Current Department: _____

Current Rank: _____

City, State and zip: _____

Years with current Dept: _____ Years with other Dept's: _____

U.S. Citizen Yes ___ No ___ Fluent in foreign Language Yes ___ No ___

Language(s) _____

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Possess an Illinois Driver's License? Yes ____ No ____

License Number: _____ Expires _____

Any driving violations in last three (3) years? _____

Work related issues at your current Department? _____

Military Service? _____ DD214: Yes ____ No ____

I certify the above information is true and accurate,

Signature: _____

Print Name: _____

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Applicant's Name: _____

Current address: _____

Telephone number: Home _____ **Cell** _____

Date of birth: _____ **Social Security Number:** _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Streator Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Streator Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Streator Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Streator Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the information provider's organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability or damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly accredited representative of the Streator Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Streator Police Department's acceptance and processing of my application for employment, I agree to hold the information provider, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Streator Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Streator Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 6 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges for fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person 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.

Date: _____ **Authorized signature:** _____