

 BACA COUNTY SHERIFF’S OFFICE

SHERIFF AARON SHIPLETT

 OFFICE (719) 523-4511 265 EAST 2ND AVENUE FAX (719) 523-4587

 SPRINGFIELD, CO 81073



TO WHOM IT MAY CONCERN:

 I am an applicant for a position with the Baca County Sheriff’s Office. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's best interest that all relevant information concerning my employment and personal history be disclosed to the above Department.

I hereby authorize any representative of the Baca County Sheriff’s Office bearing this release to obtain any information in your files pertaining to my employment records, excluding medical records. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by and to any duly authorized agent of the Baca County Sheriff’s Office whether such records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal and professional life for the specific purpose of pursuing a background investigation that may provide pertinent information for the Baca County Sheriff’s Office to consider in determining my suitability for employment with that Department. It is my specific intent to provide access to personnel and professional 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. This includes but is not limited to the following: employment records; personal background and reputation information; military service records; educational records; financial status and records; criminal history records to include all arrest records and any information contained in the investigatory files; efficiency and performance evaluation ratings, complaints or grievances filed by or against me; 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 results thereof; and any internal affairs investigations and any internal affairs files, including investigatory files, and any disciplinary records. I hereby release you, your organization, and all others from any liability or damages that may result from releasing or furnishing the information requested, including any liability or damage pursuant to any State or Federal laws.

 I hereby release you, as custodian of such records, and all other officers, employees, or related personnel, both individually and collectively, from any and all liability for 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 request of the duly accredited representative of the Baca County Sheriff’s Office regardless of any agreement I may have made with you previously to the contrary. The Baca County Sheriff’s Office, 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 Baca County Sheriff’s Office's acceptance and processing of my application for employment, I agree to hold officers, its agents and employees harmless from any and all claims and liability associated with my application or in any way connected with the decision whether or not to employ me with the Baca County Sheriff’s Office. I understand that should information of a serious criminal nature become known 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, the Colorado Revised Statutes 24-72-201 and 24-72-301, the Colorado Open Records Act; and my rights under other State Open Records Acts, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Baca County Sheriff’s Office in conjunction with employment procedures.

 I understand that pursuant to C.R.S. § 24-33.5-115 the County of Baca is required to obtain this waiver and that if I refuse to sign this waiver I will not be considered further for employment.

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

This waiver is valid for six months (180 days) from the notarized date of my signature.

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

 I agree to indemnify and hold harmless the person to whom this request is presented, their agent(s) and employees, from and against all claims, damages, losses and expenses including reasonable attorney's fees arising out of or by any reason of complying with this request.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,20 \_\_\_\_\_

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

Notary Public in and for said County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_