

**DISCLOSURE, AUTHORIZATION AND
RELEASE OF MEDICAL HEALTH INFORMATION**

I understand that, in connection with my application for certification to seek employment with the Lake County Sheriff, the Lake County Sheriff's Merit Commission will request an outside agency or individual to conduct a polygraph examination and psychological evaluation of me. I hereby authorize any individual or agency designated by the Lake County Sheriff's Merit Commission to conduct these examinations and to release the information to the Lake County Sheriff's Merit Commission, including the examination test, evaluation data, written report and tester's and evaluator's notes. I understand and acknowledge that this authorization constitutes a waiver of any confidentiality and protection.

The intent of this authorization is to give my consent for full and complete disclosure to the Lake County Sheriff's Merit Commission to provide access to the background of my personal and professional life to determine my suitability for certification to be considered for employment with the Lake County Sheriff. I further authorize the Lake County Sheriff's Merit Commission to release all information, including polygraph examination results and mental health information, to authorized agents of the Lake County Sheriff for the limited purpose of employment considerations.

I unconditionally release and hold harmless any individual, corporation or private or public entity from any and all causes of action that might arise from furnishing to the Lake County Sheriff's Merit Commission and its agency and the Lake County Sheriff information that they may request pursuant to this release.

I understand that my signature below and the information I have provided establishes no obligation on the part of the Lake County Sheriff's Merit Commission or the Lake County Sheriff to certify or to employ me. There has been no implied or expressed guarantee that my completion of this application will necessarily result in my certification or employment. I authorize the Lake County Sheriff's Merit Commission and the Lake County to make any investigation and receive information relevant to my suitability for certification or employment. I agree that if any misrepresentation has been made by me or the results of such investigations are not satisfactory in the judgment of the Lake County Sheriff's Merit Commission or the Lake County Sheriff, any certification offer of employment may be withdrawn without any obligation or liability to me.

This authorization and release, in original, faxed or photocopied form shall be valid for this and any future reports and updates that may be requested by the Lake County Sheriff's Merit Commission. I agree to pay any and all charges for fees concerning this request and can be billed for such charges at the address listed below on this form.

Date: _____

Applicant's Signature

Applicant's Name Printed

Applicant's Address

Birth date

Telephone Number

RELEASE AGREEMENT

I, _____ hereby acknowledge that I am aware of an agree with a policy of the Lake County Sheriff's Merit Commission and the participating law enforcement agencies that upon being formally hired, I will be removed from any and all other candidate eligibility lists of its member agencies. This removal from consideration shall be for a period of the life of that (those) list(s) upon which I was placed.

I further authorize the department by which I am hired to notify any other department to which I have applied of this situation.

Applicant's Signature

Applicant's Printed Name

Applicant's Address

Date

Witness

**DISCLOSURE AND AUTHORIZATION TO PROCURE CONSUMER CREDIT
REPORT AND CONDUCT BACKGROUND INVESTIGATION**

I understand that, as a condition of my condition for certification as an applicant for the Lake County Sheriff, or as a condition of my employment with the Lake County Sheriff, that the Lake County Sheriff's Merit Commission and Lake County Sheriff or his designee may obtain a Consumer Credit Report and/or Investigative Consumer Credit Report and/or conduct a background investigation where information may be obtained regarding, but not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history including court records and criminal records, school records, polygraph examination records, internal affairs and discipline records, personal interviews, Department of Motor Vehicle records, military records, employment records of past and current employers, any other public records and any other information bearing on my qualifications, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living and trustworthiness.

I hereby give my consent and authorize the Lake County Sheriff's Merit Commission and the Lake County Sheriff or his designee to obtain a consumer credit report and/or investigative consumer credit report and to otherwise conduct a background investigation. I understand that, pursuant to the federal Fair Credit Reporting Act, the Lake County Merit Commission or the Lake County Sheriff will provide me with a copy of any consumer credit report obtained from a consumer credit reporting agency if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for certification and/or employment with the Lake County Sheriff. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report and a written description of my rights under the Fair Credit Reporting Act. I further understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I hereby authorize, without reservation, all persons, corporations, schools, former or current employers, public entities or elected officials to furnish the Lake County Sheriff's Merit Commission, the Lake County Sheriff or his designee and any consumer credit reporting agency any and all information about me. I unconditionally release from all liability all persons, corporations, schools, former or current employers, public entities or elected officials supplying such information. I further agree to indemnify the Lake County Merit Commission and the Lake County Sheriff or his designee against any liability, which may result from making such requests. I further authorize the Lake County Sheriff's Merit Commission to release all information, including consumer credit reports, to the Lake County Sheriff and his designee for employment purposes. I understand and agree that this release shall remain in effect for the length of my employment.

I understand that my signature below and the information I have provided establishes no obligation on the part of the Lake County Sheriff's Merit Commission or the Lake County Sheriff to certify me or to otherwise employ me. I agree that there has been no implied or express guarantee that my completion of this application or the signing of this disclosure and authorization will result in my certification and/or employment. I authorize the Lake County Sheriff's Merit Commission and/or the Lake County Sheriff or his designee to conduct any investigation and to receive any information that they deem relevant for determining my suitability and qualifications for certification and/or employment.

I hereby certify that to the best of my knowledge, all information that I have provided the Lake County Sheriff's Merit Commission, including but not limited to all information contained in my application form and resume is true, accurate and complete. I understand that if, subsequent to certification, any such information is found to be false, incomplete or inaccurate, that my certification will be revoked and if applicable, my employment may be terminated.

This disclosure and authorization, in original, faxed or photocopied form shall be valid for this and any future reports and information that may be requested by the Lake County Sheriff's Merit Commission or the Lake County Sheriff or his designee.

Date: _____

Applicant's Signature

Applicant's Name Printed

Applicant's Address

Birth Date

Telephone Number

EQUAL OPPORTUNITY CERTIFIERS

Name: _____ Social Security #: _____

Address: _____
(number & street) (city) (state) (zip)

Telephone #: _____ Date: _____

Qualified applicants are considered for certification and are treated during the certification and are treated during the certification process without regard to race, color, religion, national origin, citizenship, age, sex, marital status, ancestry, or sexual orientation.

Solely to help us with record keeping, we request that you complete this data information form.

(This information will not be used in consideration for your certification.)

Please check the appropriate boxes to indicate your race and sex.

White (Caucasian)

SEX:

Black

Male

Spanish-surnamed American

Female

Oriental American

Native American (American Indian)

Other (Specify)