

CALVIN BALL
County Executive



GARY L. GARDNER
Chief of Police

HOWARD COUNTY DEPARTMENT OF POLICE
3410 Courthouse Drive, Ellicott City, MD 21043

**CONSENT FOR DISCLOSURE OF INFORMATION
AND RELEASE OF LIABILITY**

To Whom It May Concern:

INTRODUCTION

I am an applicant for an employment position with the Howard County Police Department ("Department"). In order to determine my suitability for employment in a sensitive position involving the public trust, the Department must make a thorough investigation of my background.

Authorization

Because I understand and acknowledge that the Department has a need to conduct a thorough investigation of my background, and that such an investigation is in the public's interest, I give my consent for you to speak with any authorized representative of the Department, and for you to discuss and disclose all information which you possess that pertains to me (*whether said information is of a public, private, confidential or privileged nature, and whether said information is favorable or unfavorable*) as follows:

Educational Institutions and Academic Records:

1. Any and all information pertaining to my academic performance and achievement. Such information shall include, but shall not be limited to: the courses that I studied; the grades or ratings that I received; and my attendance record.

Current / Former Employers and Personnel Records:

2. Any and all information pertaining to my applications for employment with or employment with any other employer. Such information shall include, but shall not be limited to: my employment applications; the results of any background, psychological, or polygraph examinations which were conducted to determine my suitability for employment; the contents of any investigations which involved me (including internal affairs investigations conducted by any law enforcement agency); my performance evaluations or efficiency ratings; counseling and/or discipline imposed against me; appeals, claims, complaints or grievances filed by me or on my behalf against my employer; appeals, complaints or grievances filed against me; and my attendance records.

Financial and Credit Institutions and Financial / Credit Records / Reports:

3. Any and all information pertaining to my credit history, credit record and financial status. Such information shall include, but shall not be limited to: the accounts which I have or have had with banks, credit unions, lending institutions or other financial institutions; the transactions which have occurred respecting each such account; my credit cards and payment device numbers; my accounts with publicly regulated utilities; and the bankruptcy filings, if any, which I have made.

(410) 313-2203
(410) 313-2272
WWW.HCPD.ORG
HCPD@CO.HO.MD.US

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Criminal / Traffic / Civil Records:

4. Any and all information pertaining to criminal, civil and administrative proceedings in which I have been involved. Such information shall include, but shall not be limited to: any record of investigations, arrests, charges, plea agreements, prosecutions or convictions for civil, traffic or criminal offenses; and any administrative or civil proceedings in which I have or had any interest.

Residential / Rental / Mortgage / Landlord Records

5. Any and all information pertaining to my past and present residences. Such information shall include, but shall not be limited to information concerning the deed(s), leases and/or rental applications and agreements for each of the addresses at which I resided.

Military Service Records:

5. Any and all information pertaining to my military service. Such information shall include, but shall not be limited to: the Certificate of Release or Discharge from Active Duty; the type and reason for release or discharge; and any record of investigations, arrests, charges, plea agreements, prosecutions or convictions which arose through the military criminal justice system.

Release and Indemnity

The Department will not continue to process my application if you fail or refuse to disclose the information that I have asked you to disclose to the Department.

Thus, for and in consideration of you furnishing the above information, with my consent, I hereby release the person to whom this form is presented, his/her organization, the custodian of the records of the organization, as well as the officers and employees of the organization, both individually and collectively, from any and all claims for criminal liability and civil liability for damages and attorneys' fees of whatever kind, which may at any time result to me, my heirs, my family or associates, because you complied with my request that you speak with and release information which you possess pertaining to me to an authorized representative of the Department.

In addition, for and in consideration of the Department's acceptance and processing of my application for employment, I hereby release Howard County, Maryland, the Department, and their agents and employees, both individually and collectively, from any and all claims for criminal liability and civil liability for damages and attorneys' fees of whatever kind, for seeking the information identified in this form, and for evaluating and using such information in determining whether to employ me as an employee of the Department.

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Miscellaneous

1. I understand and acknowledge that I shall be given no opportunity to inspect or review any information compiled by the Department in connection with my application for employment.
2. I understand and intend that a photocopy or facsimile copy of this form will be as valid as an original of the same, even though the photocopy does not contain an original writing of my signature.
3. Should there be any questions as to the validity of this release, you can contact me at the address and phone number listed on this form.
4. I understand, acknowledge and agree that I must pay any and all charges or fees associated with providing the information requested in this form, and can be billed for such charges at my address as listed on this form.

Signature: _____

Date: _____

Address: _____

Date of Birth: _____

SSN: _____

