

# CITY OF RACINE WI FIRE DEPARTMENT

## AFFIDAVIT AUTHORIZING RELEASE OF INFORMATION

I, \_\_\_\_\_ hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement and answers to questions. I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection or termination of employment.

1. That I am an applicant for employment as a fire fighter with the City of Racine Fire Department.
2. That the job for which I have applied is a position of trust and responsibility which requires the highest standards of good character and work performance.
3. That to assure maintenance of these high standards certain background information pertaining to me is required, including but not limited to, the information which is authorized for release in Paragraph 5.
4. That I do hereby empower an investigator approved by the Racine Police and Fire Commission to, within one year of the date of this affidavit, obtain information and records pertaining to me from any or all of the sources listed in Paragraph 5.
5. That these sources include, but are not limited to:
  - The Selective Service system
  - Any banking institution
  - Any places of business with which I have indicated a past employee relationship or wherein I have had any employer/employee relationship
  - Credit rating bureaus or institutions maintaining individual credit rating files
  - Any school, college, university or other educational institution
  - Any office, clinic, sanatorium or hospital where illnesses, injuries, and/or deterioration (physical and/or mental in nature) are diagnosed and treated
  - Any law enforcement agency

That I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, (including actions brought under SS895.50, Wisconsin Statutes [the privacy act]) 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.

**That a photo copy of this Affidavit will have the same force and effect as an original.**

That I have read the above and know it to be true and correct to the best of my knowledge.

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

Print Full Name \_\_\_\_\_

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

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

My commission Expires \_\_\_\_\_