

I, \_\_\_\_\_, (APPLICANT'S NAME) do hereby authorize a review of, and full disclosure of all records or any part thereof, concerning myself by and to a duly authorized agent of The Easton Volunteer Emergency Medical Service, Inc., whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts; credit reports and/or ratings; medical and psychiatric treatment and/or consultation, including hospitals; employment and pre-employment records including background reports and previous polygraph reports, sufficiency ratings, complaints or grievances filled by or against me, and salary records; real and personal property tax statements and records, wherever filed; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by me or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest; citizenship and/or naturalization information; military history information; personal history investigation reports including statements of interviews, records of civic and other organizations subversive and non-subversive; copies of application for employment. \_\_\_\_\_

Initial

It is the intent of this authorization to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for The Easton Volunteer Emergency Medical Service, Inc., to consider in determining my suitability for employment by The Easton Volunteer Emergency Medical Service, Inc. It is my specific intent to provide access to personal information however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein. \_\_\_\_\_

Initial

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Easton Volunteer Emergency Medical Service, Inc. I have had explained to me and I fully understand that the refusal to grant this authorization will not of itself, constitute a basis for rejection of my application. \_\_\_\_\_

Initial

A photocopy/facsimile of this release will be valid as an original hereof, even though the said photocopy/facsimile does not contain an original writing of my signature. \_\_\_\_\_

Initial



\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_, my commission expires \_\_\_\_\_.

Notary Signature