



**CITY OF MEBANE**

106 E. Washington St., Mebane, NC 27302 (919)563-5901

**Authorization and Release to Obtain Information**

I, \_\_\_\_\_, authorize the Mebane Police Department to conduct a personnel background investigation in connection with my application for employment.

This information may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, department of motor vehicles, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources.

I authorize the release of any information that the Mebane Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment. I fully understand all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions, or falsifications, my application may be rejected or if already employed, my employment terminated.

I hereby release the Mebane Police Department, Mebane, North Carolina, or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Mebane Police Department.

\_\_\_\_\_  
Signature

**STATE OF NORTH CAROLINA**

County of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_ whose name is signed to the foregoing instrument personally appeared before me, acknowledged the forgoing signature to be his/hers and having been duly sworn by me, made oath that the statements made in said instrument are true.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC