



PERSONAL CREDIT WAIVER AUTHORITY FOR RELEASE OF INFORMATION

I do hereby authorize a review of, and full disclosure of all records concerning myself to any duly authorized agent of the City of Big Spring Police Department, whether the 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 financial or credit institutions, the commercial or retail credit agencies (including credit reports and/or ratings).

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining any suitability for employment by the City of Big Spring Police Department.

I also certify that any person(s) or entities who may furnish such information concerning me, shall not be held accountable for giving this information; and I do hereby release said person(s) or entities from any and all liability which may be incurred as a result of furnishing such information. I further understand that to the extent allowed by law, the sources and content of confidential information will not be revealed to me.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant _____ Date _____

Name _____

(Address, City, State, Zip) _____

Phone _____ DOB _____ SSN# _____

Sworn and subscribed to before me, A Notary Public, in and for _____ County, Texas, this the

__ day of _____ 20__ My Commission Expires _____ 20__

Signature of Notary Public _____



Permission to Investigate Criminal History

I hereby certify that my permission is granted to the Big Spring Police Department, the City of Big Spring, Texas, and any agent thereof to investigate any fact concerning my background, including performing a full criminal history investigation, and do, by the execution of this document, waive any rights which I may have to confidentiality history records kept by any law enforcement agency. I am aware that should said investigation disclose any miss representations or falsifications on my application for employment with the City of Big Spring, or should there develop any adverse information in my background check, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Big Spring Police Department.

Signature of Applicant _____ Date _____

Name _____

(Address, City, State, Zip) _____

Phone _____ DOB _____ SSN# _____

Sworn and subscribed to before me, A Notary Public, in and for _____ County, Texas, this the
__ day of _____ 20__ My Commission Expires _____ 20__

Signature of Notary Public _____



PERSONAL HISTORY WAIVER 'AUTHORITY FOR RELEASE OF INFORMATION

I, do hereby authorize a review of, and full disclosure of all records concerning myself to any duly authorized agent of the City of Big Spring Police Department, whether the 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 loans. The commercial or retail credit agencies (including credit report and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and The U.S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney's- at-law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining any suitability for employment by the City of Big Spring Police Department.. I also certify that any person(s) or entities who may furnish such information concerning me, shall not be held accountable for giving this information; and I do hereby release said person(s) or entities from any and all liability which may be incurred as a result of furnishing such information. I further understand that to the extent allowed by law, the sources and content of confidential information will not be revealed to me.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant _____ Date _____

Name _____

(Address, City, State, Zip) _____

Phone _____ DOB _____ SSN# _____

Sworn and subscribed to before me, A Notary Public, in and for _____ County, Texas, this the

__ day of _____ 20 __ My Commission Expires _____ 20 _____

Signature of Notary Public _____



DRUG AND ALCOHOL POLICY **APPLICANT'S OVERVIEW FORM**

The City of Big Spring has a commitment to a drug-free workplace as a leader in promoting a drug-free work force.

All applicants, upon a conditional offer of employment for regular full or part-time positions and temporary positions, will be required to submit a urine sample for the purpose of a drug screen. Any job applicant, who refuses to consent to a drug and alcohol test, fails to report to the collection site, or fails (tests positive) for such test will be denied employment with the City of Big Spring for a period at least two (2) full years.

If a sample is positive the applicant will be given the opportunity to report any medications that have been recently used to the Medical Review Officer (MRO).

A positive test result will be confirmed by a second test using a gas chromatography/mass spectrometry (GC/MS) test, using a portion of the same sample. The Human Resource Director will notify by telephone and in writing applicants who are disqualified on the basis of a positive test result. Applicants may appeal the disqualification by submitting a written statement to the Human Resource Department within seventy-two (72) hours from first notification of disqualification and providing the necessary funds to complete a second (2nd) test. If the second (2nd) test is negative the City will reimburse the applicant for the fees incurred.

All employees are subject to the City of Big Spring's Drug and Alcohol Policy and depending upon their position, may include drug and alcohol testing under the following conditions: post-vehicle accident, post-incident, reasonable suspicion, random and firearm discharge.

I certify that I have read the above overview of the City of Big Spring Drug and Alcohol Policy and consent to comply with all provisions of the policy.

Social Security Number

Printed Name

Signature

Date

Applicant Initials _____

**CITY OF BIG SPRING POLICE DEPARTMENT
PHYSICAL AGILITY TEST
RELEASE OF CLAIMS & WAIVER OF LIABILITY**

I, _____, for and in consideration of being considered for employment by the Big Spring Police Department, do hereby make the following representations and acknowledgements:

1. As a part of the application process for the Big Spring Police Department, I will have to take a physical agility test. The test may involve running, lifting, climbing, and carrying. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in taking this agility test. I further understand that if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, that I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this agility test.
2. I realize and agree that when taking the agility test, I will not be an agent, servant or employee of the City of Big Spring Police Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the City of Big Spring.
3. By signing this waiver, I do hereby release and forever discharge the City of Big Spring, the Big Spring Police Department, and its elected officials, officers and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the agility test.

This waiver is intended to cover all acts or omissions of the City of Big Spring, the Big Spring Police Department, and its elected officials, officers and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act.

By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns. I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Signature: _____

Date signed: _____

Address: _____

Phone No: () _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____ by _____

Signature of Notary

Notary Public in and for the State of _____

In case of emergency, please notify:

Name: _____ Relationship to me: _____

Address: _____

Contact Phone No: () _____

Applicant Initials _____

**PRE-EMPLOYMENT PSYCHOLOGICAL EVALUATION
WAIVER OF CONFIDENTIALITY**

I understand that after a conditional offer of employment has been made for a Police Officer or Communications Officer with the City of Big Spring, I will be examined by a physician or qualified psychologist to confirm that I do not suffer any emotional or mental condition which might adversely affect my ability as a Police Officer or Communications Officer. Such examinations will include, but not necessarily be limited to, the Minnesota Multiple Personality Inventory (MMPI) and not less than one (1) clinical interview session with the physician or qualified psychologist.

I further understand that the results of my psychological examination will be reviewed by personnel of the City of Big Spring for determination of the suitability of my mental or emotional condition for Police Officer or Communication Officer duties with or without reasonable accommodation as defined by the American's with Disabilities Act (ADA).

Therefore, I waive any privilege of confidentiality of "physician-patient relationship," or psychotherapist-patient relationship," to the extent that the results of the examination herein described may now or at any future time be released to the City of Big Spring, its officers, agents or assigns, for the purpose of assessing my emotional and mental suitability for detention officer duties and authorize such physicians, psychologists, their agents or employees, to release such records.

Dated this _____ day of _____, 20____, in the County of Howard, State of Texas.

Printed name of person giving consent

Signature of the person giving consent

Applicant Initials _____

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Position Applying	2. Social Security No.	3. Last Name (Type or Print)	First	Middle
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4. Address	City	State	ZIP Code	5. Home Phone	6. Work Phone
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7. Sex ___ Male ___ Female	8. Birth Date	9. Ethnic Origin (Check mark preferred)			
		___ White	___ Black	___ Hispanic	___ Islander
		Asian/Pac.	Am. Ind/	___ Alaskan	___ Other

10. Veteran ___ Yes ___ No	11. Spouse of Veteran ___ Yes ___ No	12. Orphan of Veteran ___ Yes ___ No
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13. How did you find out about this job?

___ Other City Employee	___ Newspaper	___ WorkIn Texas.com
___ Job Fair	___ College/University Career Day	___ Other (specify)
___ Presentation Publication	___ Human Resource/Personnel Officer	_____
___ Recruitment Poster	___ Radio	
___ Television	___ City Web Site - Internet	

Signature-Applicant

Date

White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Phillipine Islands, and Samoa.

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER

Applicant Initials _____