



updated 1/24/2017

## POLICE DEPARTMENT

Applications accepted for posted positions ONLY.  
A new application must be completed for each posting.  
Completed applications must be returned to  
City Hall, 215 N Broad St, 1st floor, Monroe, GA 30655

# EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

Read below before continuing filling out the application.

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

### Please type or print clearly

Fill all sections completely. If answers need more space than provided, there is additional space at the end of the application. Incomplete applications will be rejected. A notation of "see resume" or "see attached" may not be used as an answer to a question. A resume will not be accepted in lieu of a completed application.

Note: The personal data requested is used only to create an applicant database and is to used as a screening tool.

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No ( Natural Born?  or Naturalized?  )

Are you at least 21 years of age?  Yes  No

Did you graduate from high school or do you have a GED?  Yes  No

A yes answer to the prior three questions is a requirement for a sworn law officer position!

For non-sworn officer positions minimum age is 18.

## Personal Information

Name \_\_\_\_\_  
Last First Middle or Maiden

Address \_\_\_\_\_  
Number Street Apt. #  
\_\_\_\_\_  
City State Zip Code

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

Drivers License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency

Contacts:	Name	Address	Phone	Relationship
	_____	_____	_____	_____
	_____	_____	_____	_____

How did you hear of this opening? \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you previously applied for a position with the Monroe Police Department?  Yes  No

If yes, what year, what position? \_\_\_\_\_

Have you ever worked for the City of Monroe?  Yes  No

If yes, when, position and reason for leaving?  
\_\_\_\_\_

Give name, relationship and department of any relatives who are employed with the City of Monroe.

\_\_\_\_\_

Are you willing to work nights, days, weekends, and holidays?  Yes  No

Over the past three years, how would you describe your credit standing? \_\_\_\_\_

\_\_\_\_\_

Other names used:

(e.g. maiden name,  
married name(s),  
adoption,  
legal change,  
alias, etc)

_____	_____
_____	_____
_____	_____
_____	_____

Dates:

(e.g.  
1989-1994)

Nicknames used:

\_\_\_\_\_

Personal info:

date of birth	_____	city of birth	_____
county of birth	_____	state of birth	_____
height	_____	eye color	_____
weight	_____	hair color	_____
race	_____	sex	_____

Describe any scars, marks & tattoos, including location on body:

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List Prior Addresses

From: _____	Street: _____				
To: _____	City: _____	State: _____	Zip Code: _____		
From: _____	Street: _____				
To: _____	City: _____	State: _____	Zip Code: _____		
From: _____	Street: _____				
To: _____	City: _____	State: _____	Zip Code: _____		
From: _____	Street: _____				
To: _____	City: _____	State: _____	Zip Code: _____		

**Personal References**  
Read below before continuing

Please provide at least three (3) personal references that **are not** former employers, relatives, or employed by the City of Monroe or the Monroe Police Department.

Name _____ Address _____ City, State, Zip _____ Daytime Phone _____ Relationship _____	Name _____ Address _____ City, State, Zip _____ Daytime Phone _____ Relationship _____
Name _____ Address _____ City, State, Zip _____ Daytime Phone _____ Relationship _____	Name _____ Address _____ City, State, Zip _____ Daytime Phone _____ Relationship _____

## Education

Name of High School attended	City	State	Graduation Date
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Highest grade completed: \_\_\_\_\_

If not a high school graduate, do you have a GED?       Yes       No

If GED -

Agency that awarded GED	City	State	Date of GED
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Name of Technical School attended	City	State	Graduation Date
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Name of College or University attended	City	State	Semr. Hrs. Earned	Qtr. Hrs. Earned	Major	Degree Earned
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Name of College or University attended	City	State	Semr. Hrs. Earned	Qtr. Hrs. Earned	Major	Degree Earned
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Name of College or University attended	City	State	Semr. Hrs. Earned	Qtr. Hrs. Earned	Major	Degree Earned
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Describe special vocational or business courses you have taken which relate to the job for which you are applying.

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List special skills, qualifications, and certifications (including language skills, typing skills, and business equipment or machine operating skills) which relate to the job for which you are applying.

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List professional, trade, business or civic activities or offices held.

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Please use the space below for additional information pertinent to your education, training and experience:

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**Employment History**  
**Read below before continuing**

Describe your work history BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. Include military, volunteer experience and periods of unemployment. Failure to give complete information regarding each job held will result in your disqualification. Complete addresses with zip code and phone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

Name of Organization or Firm		Telephone Number	Dates Employed From Mo/Yr		To Mo/Yr
Address					Total Time Employed
Street	City	State	Zip Code		
Official Job Title	Name of Supervisor		Pay Start:	End:	
Describe Specific Job Duties:					
Specific Reason for Leaving:					
Name of Organization or Firm		Telephone Number	Dates Employed From Mo/Yr		To Mo/Yr
Address					Total Time Employed
Street	City	State	Zip Code		
Official Job Title	Name of Supervisor		Pay Start:	End:	
Describe Specific Job Duties:					
Specific Reason for Leaving:					

Name of Organization or Firm		Telephone Number	Dates Employed		Total Time Employed
			From Mo/Yr	To Mo/Yr	
Address					Total Time Employed
Street	City	State	Zip Code		
Official Job Title	Name of Supervisor		Pay	End:	
			Start:		
Describe Specific Job Duties:					
Specific Reason for Leaving:					

Name of Organization or Firm		Telephone Number	Dates Employed		Total Time Employed
			From Mo/Yr	To Mo/Yr	
Address					Total Time Employed
Street	City	State	Zip Code		
Official Job Title	Name of Supervisor		Pay	End:	
			Start:		
Describe Specific Job Duties:					
Specific Reason for Leaving:					

Have you ever been reprimanded or disciplined for any reason by your present or past employer?

Yes  No

If yes, list employer's name and reason:

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Have you ever been suspended, terminated or forced to resign from any place of employment?

Yes  No

If yes, list employer's name and reason:

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Have you ever left a job without giving a two weeks notice?

Yes  No

If yes, explain:

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In the past five years, have you submitted an application for employment with any other public safety agency or department?  Yes  No

If yes, provide the following information:

Agency	Date Applied	Disposition of Application

Have you ever taken a voice stress analysis/polygraph examination for any reason?

Yes  No

If yes, provide the following information:

Date	Agency/Company	City/State	Reason Tested	Result

Have you ever been rejected for cause from a public safety job?

Yes  No

If yes, explain:

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At the present time, do you have any pending applications with any other public safety agency?

Yes  No

If yes, list the agency, the position applied for and the current status:

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## Military Experience

Have you ever unsuccessfully attempted to enlist in the United States Armed Forces?  
(Including Reserves, National Guard and/or Coast Guard)

Yes     No    If yes, explain:

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If you do **not** have prior military experience, check here  and go to next section.

Military branch: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Military branch: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

List all periods of active military service - anything over 30 days:

Date from Month/Year	Date to Month/Year	Name of Duty Station and Closest City	Rank Held

While serving in the military, were you ever the subject of any court marshals, Article 15, company punishment, or disciplinary action?     Yes     No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

List any job-related training you had in the military: \_\_\_\_\_

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Have you ever served in any branch of a Foreign Military?

Yes     No    If yes, explain:

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Have you ever been involved in a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.?

Yes     No    If yes, explain:

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## Criminal and Traffic History

**Read below before continuing**

The Monroe Police Department maintains strict hiring guidelines that all applicants must satisfactorily meet or surpass in order to be considered for positions within the Monroe Police Department. Any applicant convicted of any criminal offence involving the manufacture, distribution, trafficking or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible for employment with the Monroe Police Department. Such applicants shall be automatically rejected. The failure to provide all the information requested in this section will result in the rejection of your application and bar you from further consideration for employment. Include in your answers below each and every arrest, citation and accident, along with the disposition of each arrest and / or citation. Dispositions include, but are not specifically limited to - dismissal, placement on dead docket, nolle prosequi, finding or verdict of guilt, pleas of nolo contendere, treatment under the First Offender Act, and bond forfeiture.

Your responses will be verified during the background investigation process and pre-employment Voice Stress examination. Complete and honest responses are required. Answering "yes" will not necessarily result in your disqualification from the hiring process. Any negative information provided will be evaluated to determine your eligibility. Be honest with all your answers. If your information is different from any additional information gathered in the formal background investigation, you will be removed from the employment process. Any false or misleading information identified during the background investigation process will also result in immediate disqualification and removal from the process.

Have you ever been arrested, detained by police, or summoned to court?  Yes  No

If yes, provide the following information.

Charge	Location	Date	Disposition
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Charge	Location	Date	Disposition
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Charge	Location	Date	Disposition
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Charge	Location	Date	Disposition
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In the past ten (10) years, have you received a traffic citation?  Yes  NO

If yes, provide the following information.

Violation	Location	Date	Disposition
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Violation	Location	Date	Disposition
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Violation	Location	Date	Disposition
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In the past ten (10) years, have you been involved as a driver in a motor vehicle accident?  Yes  No

If yes, provide the following information:

Type of accident	Date of accident	Citation issued	Driver at fault
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Type of accident	Date of accident	Citation issued	Driver at fault
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Type of accident	Date of accident	Citation issued	Driver at fault
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Do you presently hold a valid driver's license?  Yes  No

If no, explain \_\_\_\_\_

State \_\_\_\_\_ Licenses # \_\_\_\_\_ Licenses Class \_\_\_\_\_ Expiration date \_\_\_\_\_

Has your driver's license ever been suspended or revoked for any reason?  Yes  No

If yes, Provide the following information:

Date	Reason	Date Reinstated
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Have you ever used an illegal drug, to include but not limited to, marijuana, cocaine, heroin, angel dust / PCP, LSD / acid or other hallucinogenic, crack, opium, Quaaludes, speed, crank, mushrooms / peyote, ecstasy / MDMA, ice, hashish, steroids, crystal methadone, morphine, valium, ect?  Yes  No

If yes, **explain in detail:**

Drug	Date first used	Date last used	Number of times
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Drug	Date first used	Date last used	Number of times
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Drug	Date first used	Date last used	Number of times
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Drug	Date first used	Date last used	Number of times
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Have you ever been involved in the SALE, DISTRIBUTION OR MANUFACTURE of any illegal drugs?

Yes  No

If yes, explain: \_\_\_\_\_

Have you ever consumed any drugs prescribed for another person?  Yes  No

If yes, explain including name/type of drug, number of times taken, dates: \_\_\_\_\_

Have you ever consumed any alcoholic beverages or used any type of illegal drugs while working?

Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted or pled nolo to DUI.?  Yes  No

If yes, provide charge, date, location, and actual disposition of the case: \_\_\_\_\_

Have you ever been convicted or pled nolo to a misdemeanor offense?  Yes  No

If yes, provide charge, date, location, and actual disposition of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted or pled nolo to a felony offense?  Yes  No

If yes, provide charge, date, location, and actual disposition of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At this time do you have any pending criminal charges against you, including but not limited to traffic citations or domestic violence?  Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

At this time are you under subpoena or involved in any criminal or civil litigation either as a plaintiff or defendant?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently serving probation for any offense?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you had to place a dollar amount on the property that you have taken throughout your lifetime, what would that amount be? This amount should also include any theft from an employer, including but not limited to pens, paper and other office supplies. \$ \_\_\_\_\_

Describe items taken: \_\_\_\_\_  
\_\_\_\_\_

Have you ever committed any **undetected crimes** (crimes that you have not been arrested for)?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been completely honest with us when completing your application for employment?

Yes  No

If no, explain:

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Over a period of time the duties and responsibilities of a position will tend to change. This may arise from technological changes in department policies and procedures. Are you willing to accept changes in the duties and responsibilities for the position, for which you have applied?  Yes  No

Please use this opportunity to tell us anything else about yourself that you have not addressed to this point.

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**Special Accommodation**

If you require reasonable accommodations for interviewing, testing, or any portion of the application or employment process, please notify the Monroe Police Department's Pre-Employment Manager at the time an appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

If you are physically or otherwise unable to perform the essential duties of the job for which you are applying without accommodations, please describe the accommodation that would be needed:

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**Applicant's Certification and Agreement**

I, [print name] \_\_\_\_\_, do hereby certify that the facts set forth in my application for employment are true and complete.

I authorize investigation of all statements contained in this application for employment.

I understand that a drug screen, physical, and psychological exams are required for the job for which I have applied and agree to submit to these exams as required. I understand that any offer of employment would be conditional upon the results of these tests and satisfactory background reports.

I further understand that if employed, any false statements on this application may result in dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice / with or without cause at any time.

I further understand that applications, proof of identity and employment eligibility, resumes, letters of reference, ect., submitted with my application or received during the background investigation become property of The City of Monroe and cannot be returned.

I further understand that the information I provided on my application may be subject to public disclosure under the Georgia Open Records Act.

I further understand that falsification of this application or the omission of complete information at any time during the employment process will result in permanent removal from consideration of any employment opportunities with the Monroe Police Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_  
(Signature and Seal with Expiration Date Required)



## Authorization to Release Information

I, [print name] \_\_\_\_\_, do hereby authorize the review of and the full disclosure of all records concerning myself to the duly authorized agent of the Monroe Police Department.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; 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, polygraph examinations, voice stress examinations or reports, efficiency ratings, motor vehicle record, criminal history information which may be in the files of any state or local criminal justice agency, complaints or grievances filed by or against me and the records and recollections of attorneys 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, and any other information contained in files relevant to employment.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in compiling any report for consideration for employment with the Monroe Police Department. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information. Further, a photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain any original writing of my signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public:

\_\_\_\_\_  
(Signature and Seal with Expiration Date Required)



## EMPLOYMENT BACKGROUND & MVR RELEASE ACKNOWLEDGEMENT

I, [print name] \_\_\_\_\_, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my driving record and conduct a background investigation at this time of consideration of hire and during subsequent City employment. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand that driving for the City using either a City vehicle or my personal vehicle is a privilege granted only to employees whose driving record satisfactorily meets City standards.

I understand that if driving is a requirement of the job, then an acceptable driving record is also a requirement of the job, both at the time of consideration for hire and as an ongoing condition of employment.

As an applicant or an employee, the City may conduct motor vehicle record (MVR) checks periodically and I give permission to the City to obtain such information regarding my driving record anytime the City deems necessary.

I understand my driving record must continue to meet City standards. Should my driving record not meet City standards, my driving privileges for the City may be revoked and could be grounds for applicant disqualification or dismissal of employment.

I understand the information identified in my driver's record check is a part of the hiring process, and if hired, will be discussed as the City deems it necessary.

I acknowledge reading this release and grant authorization to the City to conduct a background investigation and MVR check, obtain information regarding my driving record, and discuss this information as the City deems necessary.

Applicant Name: \_\_\_\_\_  
(as it appears on license)

DL# \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(this form)

Applicant Signature: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_  
(Signature and Seal with Expiration Date Required)





**EMPLOYMENT CRIMINAL HISTORY RELEASE  
ACKNOWLEDGEMENT**

I, [print name]\_\_\_\_\_, as an applicant for the City of Monroe grant authorization for the City to obtain information regarding my criminal history record at this time of consideration of hire. This includes any criminal history record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. I acknowledge that signing this release is not a guarantee of employment with the City.

I understand the information identified in my criminal record check is part of the hiring process and will be discussed as the City deems necessary.

I acknowledge reading this release and grant authorization to the City to conduct a criminal history record check, obtain information regarding my criminal record, and discuss this information as the City deems necessary.

Applicant Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Sworn to and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

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

Notary Expiration: \_\_\_\_\_



**Applicant/Employee's Authorizations and Receipt of Notice**

**Employer's Disclosure About  
Nature and Scope of Investigations and Use of Information Obtained From Third Parties**

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE but will not share this information with any other person.

**Authorization for THE CITY OF MONROE to  
Obtain an Investigative Consumer Report, Obtain Medical Information  
and to Obtain a Consumer Report**

I, [print name] \_\_\_\_\_, have received as a separate document, read, and understand the foregoing Employer's Disclosure About Nature and Scope of Investigations And Use of Information Obtained From Third Parties. I authorize THE CITY OF MONROE to obtain from third parties, including the consumer reporting agency of its choice, an investigative consumer report, a consumer report, and medical information regarding me. I understand that an investigative consumer report may include personal interviews with my past employers, neighbors, friends, or associates concerning my credit, character, general reputation, personal characteristics, or mode of living, together with public record information regarding arrests, indictments, convictions or civil suits in which I was involved as a party.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Authorization for THE CITY OF MONROE to  
Share Information with its other Locations, Divisions, Subsidiaries, or Affiliates**

I, [print name] \_\_\_\_\_ hereby [circle one] authorize / do not authorize THE CITY OF MONROE to receive and to share information it obtains from third parties, including consumer reporting agencies, investigators, and prior employers, with its other locations, divisions, subsidiaries, or affiliates.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_ Expiration date: \_\_\_\_\_



**THE CITY OF MONROE's Disclosure About  
Nature and Scope of Investigations  
And Use of Information Obtained From Third Parties**

THE CITY OF MONROE hereby discloses to its employees and/or applicants that it may obtain from third parties, including consumer reporting agencies, former employers, outside investigators, and other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE information concerning you, including, but not limited to, information about your credit, character, general reputation, personal characteristics, or mode of living which may include information obtained through personal interviews with your past employers, neighbors, friends, or associates and which may include medical information. THE CITY OF MONROE will use this information solely for the purpose of deciding whether or not to employ, promote, transfer, or take some other employment action concerning you. THE CITY OF MONROE may, with your authorization, share the information it collects with other locations, divisions, subsidiaries, or affiliates of THE CITY OF MONROE, but will not share this information with any other person.

**PLEASE KEEP THIS FOR YOUR RECORDS**

## **Application Checklist**

**(If applicable, a copy of the following documents are required to be turned in with application.)**

- Birth Certificate
- Social Security Card (copy both front and back)
- Drivers License (copy both front and back)
- High School Diploma or GED certification
- College Diploma and Transcripts
- Trade School Diploma / Certification
- Training Certifications
- Military DD214 (showing discharge type)
- Notarized Authorization to Release Information
- Notarized Employment Background  
& MVR Release Acknowledgement
- Notarized Criminal History Release
- Notarized Authorizations and Receipt of Notice  
of Disclosure About Investigations and Use  
of Information