

NEDERLAND FIRE PROTECTION DISTRICT

POB 155, Nederland, CO 80466
PH: 303-258-9161, Fax: 303-258-9162
EMAIL: Admin@nfpd.org

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I, _____ (Print Name) understand that in connection with the application process, the Nederland Fire Protection District (the "District") may request information from my past or current employers, educational institutions, personal references, or other parties as necessary and that such investigation may include a review of any criminal records and driving record. I have provided complete and truthful information to the District regarding all sources of information about my past and current employment, education, licensure, driving record, criminal conviction record, as well as any information requested in the application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of membership in the District's volunteer program, or immediate termination. In order to assist the District in obtaining documents and information regarding my employment and service background, I hereby consent to the release of the following information.

I authorize and consent to the release of information to the District regarding my previous and current employment, and authorize all past and current employers or agents they may designate to respond to the District's verbal or written inquiries regarding my employment/volunteer service record, including, but not limited to, positions held, dates of employment/volunteer service, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonestly, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel files. I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

I authorize and consent to the release and disclosure to the District of educational/training records from any and all public or private educational institutions I have attended, including all records of any academic performance; courses attended; grade earned; diplomas, degrees or other certificates conferred.

I authorize and consent to the District, or its agent, contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the District's background investigation.

I authorize and consent to the release of information relating to my driving record, and to the District verifying the social security number I have provided.

I authorize and consent to the District's thorough investigation of whether I have a record of criminal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the District's criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me.

I hereby release and hold harmless the District, its past and present Directors, officers, employees, volunteers, representatives and agents, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this release for purposes of supporting my application for and based upon my desire to encourage the District's consideration of my application. If I have any concerns about the information that may be provided to the District during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the District of such concerns in writing.

I understand that the above information is for use by the Nederland Fire Protection District in conducting a background investigation to determine my suitability for membership or employment, and will be kept confidential. I understand that all materials obtained will become the property of the Nederland Fire Protection District and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I have carefully read this Authorization and voluntarily agreed to its terms in order to assist the District in evaluating my qualifications for membership or employment with the Fire District.

Please print your full name		Signature		Date
Print all other names you have used		Date of Birth	Social Security #	
Home Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Driver's License	State Issuing	Name as it appears on license		

Authorization must be Notarized

Subscribed and sworn before me this _____ day of _____, 200_____.

Date Commission Expires	Notary Public
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