

POLICE DEPARTMENT

Lisa G. Rosales, Chief of Police



CITY OF SAN PABLO
City of New Directions



Name: _____

I am an applicant for Employment for the position of _____ with the City of San Pablo. The San Pablo Police Department will inquire into all areas of my background which may affect my suitability to qualify for this position, and they have reason to believe that you may have information relevant to that purpose about me.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information which you may have about me, including information which may be of a confidential, privileged, and/or derogatory nature.

I release and hold harmless you, your organization, its officers, agents, or assigns, from any liability or damages, whether in law or in equity, for furnishing information requested by the bearer of this authorization form.

I hereby waive all rights and privileges under Labor Code Section §1054... "In addition to and apart from the criminal penalty provided any such person or agent or officer thereof, who violates any provision of Section §1050 to 1052, inclusive, is liable to the party aggrieved in a civil action, for treble damages. Such civil action may be brought by such aggrieved person or his assigns, or successors in interest, without first establishing any criminal liability under this article".

I have specifically and permanently waived my right to review or inspect any and all information developed in this investigation, so your responses will be completely confidential. You may retain this original form for your files.

A facsimile copy is as valid as the original. This waiver is valid for one hundred and eighty (180) days from the date signed below.

Print Name

Date

Witness-Print Name

Date

Signature

Witness Signature

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www.sanpablopolice.org