

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

The City of Gibraltar provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any investigator or other authorized representative of the Gibraltar Police Department bearing this release, or copy thereof, within one (1) year of its date, to obtain information in your files pertaining to my employment, military, credit, or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Gibraltar Police Department.

Consent is granted for the Gibraltar Police Department to furnish such information, as is described above, to third parties while fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, that may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I also authorize the Gibraltar Police Department to make duplicate copies of this "Authority to Release Information" form for the purpose of release of information. A copy of this form serves as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name: _____
Signature

Full Name: _____
Type or Print

Date: _____

Current Address: _____

Telephone #: _____

Driver's Lic. Number: _____