

TOWNSHIP OF DERRY POLICE DEPARTMENT

PERSONAL INQUIRY WAIVER

Name of Applicant _____
Last First Middle

Date of Birth _____ Social Security Number _____

I respectfully request and authorize you to furnish the Township of Derry Police Department any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same if required. This information is to be used to assist the Township of Derry Police Department in determining my qualifications and fitness for the position I am seeking with the Township of Derry Police Department.

I hereby release you, your organization or others from any liability or damages which may result from furnishing the information requested above.

Applicant's Signature Date

Address

AFFIDAVIT

Township of Derry Police Department
620 Clearwater Road
Hershey, Pennsylvania 17033
Dauphin County

SEAL

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed in my presence this _____ day of _____, 20 _____.

My commission Expires

Notary Public