



## **FIREFIGHTER**

### **RELEASE AND WAIVER (NOTARY REQUIRED)**

#### **TO WHOM IT MAY CONCERN**

Having made application for employment with the City of Los Angeles (“City”), for the position of firefighter, I hereby authorize for one year from the date of execution hereof, any authorized representative of the City bearing this release, or a copy of it, to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, all examination materials and results, background investigations, polygraph examinations, any and all internal affairs investigations and disciplinary records, including any files which are deemed to be confidential and/or sealed. I also authorize release of any criminal justice records of criminal convictions, citations, probation and parole records, and police reports.

I hereby direct you to release this information upon request of the bearer. I further authorize the City to make photographic copies of these records. This release is executed with full knowledge and understanding that the information is for the official use of the City of Los Angeles.

I hereby grant consent for the City to furnish the information described above to third parties including, but not limited to, appropriate law enforcement agencies or authorities, in the course of fulfilling its official responsibilities.

I hereby acknowledge and agree that I waive any right or opportunity to read or review any of the information provided in response to this investigation. I also waive any right or opportunity to read or review any background investigation report(s) prepared by the City.

I hereby acknowledge and agree that if I am hired, information provided in response to this investigation and all related reports prepared by the City (collectively “background investigation files”) will remain confidential and will not become part of my “personnel file” for purposes of the California Firefighter Bill of Rights (Cal. Gov’t Code section 3256.5 et. seq).

I also acknowledge and agree that if I seek employment with a different public safety agency (either within the City or outside), my background investigation files will only be disclosed to that agency for the limited purpose of determining my eligibility for employment as a public safety officer (firefighter or police officer) under California Government Code Section 1031. I further acknowledge and agree that if my background investigation files are disclosed to a prospective employer solely for such limited purpose, the files will remain confidential and will not become part of my personnel file. I further agree that in the event these materials are provided to another agency pursuant to this paragraph, that I waive any right to see such materials (or any summaries thereof) in that agency's possession regardless of how that agency treats such documents internally.

I hereby release you, as my employer, former employer, prospective employer, or representative thereof and any police agency, school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including any of their officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. If further information regarding this request is needed, please call the Investigative Section, Public Safety Division, Personnel Department at (213) 473-0100.

FULL NAME: \_\_\_\_\_ (Signature) SSN: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ (Print Name) DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

**CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT**

*A Notary Public, or other officer completing this certificate, verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of California

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_ personally appeared  
Date Name and Title of the Officer (e.g., "Jane Doe, Notary Public")

\_\_\_\_\_  
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)