



City of East Ridge
Department of Public Safety
Police Services
4214 Ringgold Road
East Ridge, Tennessee 37412
423/867-3718 423/867-9418 (FAX)

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND
CRIMINAL/DRIVING HISTORY RECORD INFORMATION**

I, _____, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of East Ridge, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of commercial or retail credit agencies (including credit reports/ratings; and of financial statements wherever filed; medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollections of attorney at law, or other counsel, whether representing me or another person in a case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon release authorization will be considered in determining by suitability as a candidate for employment by the City of East Ridge. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this; and hereby release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize that City of East Ridge to receive any criminal history information and driver's history information pertaining to me which may be in the files of any criminal justice agency. A photocopy of this release form will be as valid as an original thereof.

APPLICANT'S SIGNATURE: _____

CURRENT ADDRESS: _____

STATE: _____ ZIP CODE: _____ HOME PHONE #: _____ CELL PHONE: _____

RACE: _____ SEX: _____ DOB: _____ SSN: _____

DRIVER'S LICENSE #: _____ STATE: _____



Application
East Ridge Police Department
Citizens' Police Academy

Note: Answering yes to any question below will not automatically disqualify you. The intentional omission or falsification of any answer is cause for disqualification.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Polo Size: S M L XL 2X

Have you ever gone by any other name? If yes, give name and explain:

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ U.S. Citizen? _____

Driver's License Number/ID #: _____

E-mail Address: _____

Race (optional): _____ Sex (optional): _____

Employer/Occupation _____

Business Address: _____

Are you a member of any civic group or professional organization? _____

In case of emergency contact info: _____

Why do wish to attend the Citizens' Police Academy? _____

Have you ever been arrested/convicted of a crime? If yes, explain: _____

I authorize the East Ridge Police Department to conduct a background check prior to my acceptance into the Citizens' Academy.

Signature of Applicant: _____ Date: _____