

To Whom It May Concern:

I am a candidate for the position of firefighter with the UNION Fire Company
(Bensalem, PA 19020).

In order to assure that I am qualified to be employed as a firefighter, the UNION Fire
Company, Bensalem Township Fire Marshal's Office and Bensalem Township Police Department requires
access to all of my employment and personal history information.

I hereby authorize the Bensalem Township Police Department bearing this release to obtain any information
in your files pertaining to my employment records. This is to include any information concerning myself at the time
of employment with your company.

The intent of this authorized release of information is to give my consent to full and complete disclosure. It is
my specific intent to provide access to personnel information, however personal or confidential it may appear.

I consent to your release of any and all public and private information that you may have concerning me, my
work record my background and reputation, military service records, financial status, criminal history, including
any arrest records or police contacts. Any information contained in investigatory files or recollections of attorney's
at law, or other counsel, whether representing me or another person in any case (criminal or civil), in which
presently have or had interest, attendance records, polygraph examinations, and any internal affairs
investigations and discipline, including any files which are deemed to be confidential and or sealed.

I hereby release you, your organization, its officers and employees and all others from liability or damages that
may result from providing the information that has been requested by the UNION Fire
Company, Bensalem Township Fire Marshal's Office and Bensalem Township Police Department. I hereby
release you as the custodian of these records from any liability or damage pursuant to state and federal law. This
release supersedes any and all agreements that I may have had with you, your organization and any and all
employees that I may have had previously to the contrary.

For and in consideration of the UNION Fire Company's consideration of candidacy for
the position of firefighter with the UNION Fire Company, I agree to hold the
UNION Fire Company, it's agents, employees or related personnel, both as individuals
and collectively harmless from any and all claims and liability for damages of whatever kind, associated with my
application for the position of firefighter with the UNION Fire Company.

In understand that should information of a criminal nature be discovered as a result of this investigation, such
information will be turned over to the proper authorities.

I understand my rights under title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to
access and to disclosure of records, and I waive those rights with the understanding that information furnished will
be used by the UNION Fire Company in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said
photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of thirty (30) days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on
this form.

I agree to hold harmless the person to whom this request is presented and his agents, and employees from
any and all claims, damages, losses and expenses, including attorney's fees, arising out of or by reason of
complying with this request.



BENSALEM TOWNSHIP
Department Of Public Safety
FIRE RESCUE DEPARTMENT
2400 Byberry Road - Bensalem, Pa 19020
Phone: 215-633-3617 - Fax: 215-633-3662

AUTHORIZATION FOR RELEASE OF INFORMATION

Candidate's Name: _____

Address: _____

Home Phone #: _____

Date of Birth: _____

Social Security #: _____

Drivers License #: _____ State: _____

Fire Company: _____

Candidate's Signature: _____ Date: _____

****PARENT SIGNATURE REQUIRED:
If candidate is under 18 years of age.****

****PARENT SIGNATURE & WORKING PAPERS REQUIRED:
If candidate is 14 or 15 years of age.****

Parent Signature: _____ Date: _____

Printed Name: _____