



ALEXANDRIA FIRE DISTRICT

7951 ALEXANDRIA PIKE • ALEXANDRIA, KENTUCKY 41001

PHONE: (859) 635-5991

FAX: (859) 635-5999

JEFFREY H. POHLMAN

FIRE/EMS CHIEF

Background Check

Name of Applicant

Date

Military Service Number (If Applicable)

Date of Birth

Social Security Number

Street Address

City

State

Zip

This release, when presented by a duly authorized representative of the Alexandria Police Department or Alexandria Fire District, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to the Alexandria Police Department or Alexandria Fire District:

- EMPLOYEE INFORMATION _____
- CREDIT BUREAU INFORMATION _____
- EDUCATION INFORMATION _____
- MEDICAL & MILITARY _____
- MEDICAL INFORMATION _____
- RESIDENCE(s) RECORDS _____
- POLICE & CRIMINAL RECORDS _____

I understand that further consideration for membership or employment is conditional on verification of answers and the checking of references given on my "Application for Employment" or "Application for Membership", which I have made with the Alexandria Fire District.

I hereby authorize my former employers to furnish to the representative of the Alexandria Police Department or Alexandria Fire District the records of my service, my reasons for leaving the employer, together with all information they may have concerning me whether on record or not.

I hereby authorize all educational institutions concerned to furnish to the representative of the Alexandria Police Department or Alexandria Fire District the records of my attendance, course completion and grade records, together with all information they may have concerning me whether on record or not.

I also release any credit bureau, police department, medical facility, governmental agency, educational institution, individuals, partnership or corporation concerned, its officers, agents and employees, from any liability for any damage whatsoever for issuing such information.

(A PHOTO COPY OF THIS DOCUMENT SHALL BE AS VALID AS THE SIGNED ORIGINAL)

Signature of Applicant

Witness