



DIVISION OF POLICE

CITY OF BEDFORD HEIGHTS



5661 PERKINS ROAD
BEDFORD HEIGHTS, OHIO 44146

PHILLIP STEVENS
MAYOR/SAFETY DIRECTOR

PHONE: (440) 439-1234
NON-EMERGENCY: (440) 786-3222
FAX: (440) 735-4547

APPLICANT INFORMATION RELEASE AUTHORIZATION

I, (print name) _____, presently residing at

have applied for employment with the City of Bedford Heights. I have been advised, and am fully aware, that a representative of the Bedford Heights Police Department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, the Bedford Heights Police Department will be making inquiries of, but not limited to, officials and record offices of schools that I have attended; police or courts with whom I may have a conviction record and/or financial standing; present and previous employers; and any other person(s) who may be able to provide information about me that the City of Bedford Heights desires.

I further understand and am aware that I will be required to submit to fingerprinting at the Bedford Heights Police Department, and that a copy or computer-generated copy of my fingerprints will be sent to the Ohio Bureau of Criminal Identification and Investigation for the purpose of determining my criminal conviction record.

I hereby give permission and waive all provisions of law forbidding any school official, court, police agency, credit bureau, employer, firm, or person from disclosing any knowledge or information they have concerning me which is requested or desired by the City of Bedford Heights or the Bedford Heights Police Department.

I recognize the right of the City of Bedford Heights and the Bedford Heights Police Department to treat, at its discretion, certain sources as confidential, and their rights to withhold from me or my agent the names of such confidential sources and information obtained therefrom.

Signature _____

Date _____

Witness _____

(Print Name)