

right at home.

309 N 5<sup>th</sup> Street Norfolk, NE 68701 P402-844-2010 F402-844-2001 www.norfolkne.gov

Jessica Dvorak jdvorak@norfolkne.gov Human Resources Director

## DEPARTMENT OF PUBLIC SAFETY - POLICE DIVISION AUTHORIZATION FOR RELEASE OF INFORMATION

I,						
·	Last Name	First	Middle	Date of Birth		
	Cui	rrent Address		Social Security #		
Addı	ress of Residence Duri			Period of Time Lived There		
	City	County	<u>State</u>	From	To	
(1)		-				
(2)						
(3)						
(4)						
I auth comm rating inclu- repre I furt has a conta	norize the full and complete nercial or retail mercantings, complaints or grievanting but not limited to the sented me, and any recomber authorize the release bearing on my fitness or ined in written records a	lete disclosure of the records of the establishments and retail or nees filed by or against me; records and recollections of rds of any type whatsoever where of information concerning all or ability to become an employ and regardless of whether such the orm will be valid as an original	of educational institutions, final redit agencies; results of polygorords of complaints of a civil of attorneys at law, or other counich concern any criminal chall of the above mentioned areas ee of the Police Division, even information is considered prival hereof, even though the said	ancial or credit institutraph examinations, enature made by or againsel representing or larges involving me.  s, or any other information though such informativileged or confidential	tions; fficiency ainst me and naving ation which ation is not al in nature.	
	Wi	tness	Appli	cant's Signature		
	Ad	dress		Date		
		Applicant's	Applicant's Driver's License No.			



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## City of Norfolk Police Division Physical Ability Test for (Police Division) Release of Liability

309 N 5<sup>th</sup> Street (402) 844-2010 www.norfolkne.gov

Applicant Last Name		
Applicant First Name/Middle Initial_		
Social Security Number		
I, an agent, servant or employee of the Cit covered by any worker's compensation,	y of Norfolk or the Norfolk Police Divi	sion and therefore will not be
By signing this waiver I, the City of Norfolk, the Norfolk Police their public and private capacities, from which may arise from my taking the agi waiver is intended to cover all acts or its elected officials, officers, and empl an intentional, reckless, grossly negligibind my heirs, executors, administrat and not a mere recital. Before signing the I have signed this document of my own	Division, and its elected officials, office any and all liability, claims, suits, demality test for the Division and any other pomissions of the City of Norfolk, the oyees, regardless of whether such act gent, or negligent act. By signing this fors and assigns. I understand the terms his release, I read it fully and hereby ack	ers, and employees, in both ands or causes of action ohysical capacity testing. This Norfolk Police Division, and or omission is the result of waiver, it is my intent to sof this release are contractual.
Applicant's Signature	Date	
Witness to Signature	Date	