

City of Oconto Fire-Rescue Department  
1210 Main Street  
Oconto, WI 54153  
Fire Chief Joshua Bostedt  
920-834-7775  
920-834-7710 Fax  
firechief@cityofoconto.com



AUTHORIZATION FOR RELEASE OF INFORMATION

**For Official Use by Authorized Persons**

**Instructions to Applicant:** Complete this release and return it with your background questionnaire. The information obtained is used exclusively for the purpose of employment consideration. **Note:** This release must be signed by a witness. Failure to complete this form will result in delayed processing of your application.

I hereby empower any employee of the Oconto Police Department bearing this release to obtain information and records pertaining to me and my personal background, whether such information and records are public, private, favorable, unfavorable or confidential in nature, from any or all of the following sources:

1. Municipal, State, County or Federal law enforcement agencies & court systems
2. Selective Service System
3. Any banking institution
4. Any place of business (for purpose of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Present employer and any previous employer
7. Any school, college, university or other educational institution
8. Any Local, State or Federal Government Agency
9. Social Security Administration
10. Military Record Centers
11. Any private citizen who has knowledge of the candidate

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Oconto Police Department. I understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any Municipal, State, or Federal law enforcement agency, individual, or institution including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s.895.50 Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

The only exception to this blanket authorization is any medical information in the possession of any source named above subsequent to a conditional offer of employment (per Americans with Disabilities Act). **A photocopy of this release will be as valid as the original.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature (full legal name)

\_\_\_\_\_ Witness Signature/Relationship to Applicant

\_\_\_\_\_ Applicant Full Legal Name (Printed)