

I ,	DO HEREBY AUTHORIZE any and all persons,
(print name)	
employers, partnerships, corporations and	l all civilian and government entities, military agencies, law
enforcement agencies, private, and city, co	ounty, state and federal entities to release, furnish and
exchange any and all available information	n relating to me for the purpose of determining my
,	a peace officer. This includes, but is not limited to, all
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	rformance, disciplinary history, character, integrity,
reputation, conduct, behavior and fitness for	or duty.
This authorizes release to the ARIZONA F	PEACE OFFICER STANDARDS AND TRAINING BOARD
(print agency name)	This release is in addition to,
and not intended to curtail or diminish the	authorization and immunity provided by statute. I DO
HEREBY RELEASE from any and all liabi	ility, all persons or entities disclosing information pursuant
to this release.	
SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF AFFEIGANT.	DATE.
Sworn and Subscribed to Before Me This:	Day of, <u>20</u>
BY:	
STATE OF:	COUNTY OF:
SIGNATURE OF NOTARY PUBLIC:	

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CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for employment with the Phoenix Police Department. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated and other confidential sources of information. Therefore, such information shall remain confidential, and the Phoenix Police Department cannot reveal the reason of rejection for those applicants who are not accepted.

If the reasons for your non-acceptancepted at a later date, you will	ptance are of a temporary nature whereby you could be be so notified.
I,	, hereby waive any and all claims of ho may have knowledge of my fitness for employment with the
application for employment I, to hold the City of Phoenix, its ag liability associated with my applic decision whether or not to emplo	Phoenix Police Department's acceptance and processing of my agree gents and employees harmless from any and all claims and cation for employment or in any way connected with the by me with the Phoenix Police Department. I understand that criminal nature surface as a result of this investigation; such to the proper authorities.
Signature of Applicant	
Date	
STATE OF	, COUNTY OF
Subscribed and sworn before me, This day of	, 2
	_Notary Public