Swatara Township AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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Applicant's Full Name:	
Telephone Number:	Date of Birth:
Email:	
TO WHOM IT MAY CONCERN:	
to make certain inquiries about my backgre to permit such investigations to take plan have all material considered, I hereby au Township Police Department, to make such to, any individual or group, institution, I Pennsylvania), current or former employer representative of my present or former en employment upon request to any authorize claim against the persons furnishing inform	nent or volunteer positions in Swatara Township, the staff may desire ound, character, driver's history and experience. It is in my interestice by the staff, and therefore, in consideration of my desire to athorize Swatara Township, its staff and officers, and the Swatara in inquiries as they deem appropriate. This includes, but is not limited Department of Transportation (or equivalent agency if outside over, or emergency service agency. As such, I hereby authorize any imployers to release any information in their files pertaining to my add agent of Swatara Township. It is understood that I shall make no mation and shall make no claim against any of the aforementioned a Township and or the Swatara Township Police Department, for formation.
to the best of my knowledge. I also underst provided or omitted information requested, If proof of falsification or omission occurs grounds for my expulsion from Swatara To all rules, guidelines, procedures and laws	in this application for membership to Swatara Township is accurate stand that if it is proven that I intentionally falsified the information I may be rejected for membership without a chance for reapplication after being accepted into membership, I also understand that may be wnship and or any affiliated organizations. Finally, I swear to upholo of Swatara Township and its affiliated organizations and the fire occedures and treat fire company property with the greatest care.
By dating and signing this application, I atte	est and swear to the following:
C.S 3301 or any similar offense under any herein are true and correct to the best of material false statement herein, I am subject to penal \$1,000.00"	that constitutes the crime of "arson and related offenses" under 18 Par Federal or State law. I hereby certify that the statements contained by knowledge and belief. I understand that if I knowingly make any lities prescribed by law, including, but not limited to, a fine of at leas
Signature of Applicant:	Date: