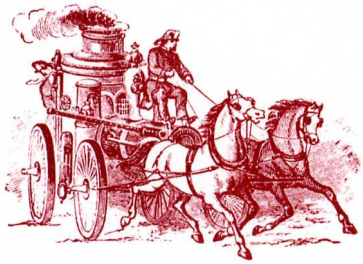

UNION FIRE COMPANY No. 1
of HAMBURG
BERKS COUNTY — PENNSYLVANIA
19526-0255

Authorization to obtain information/waiver

I, _____, having made application to become a fire personnel with the Union Fire Company #1 of Hamburg, understand that the Union Fire Company #1 of Hamburg desires to obtain information concerning my background, and character in order to better ascertain my qualifications for membership.

I hereby authorize the Union Fire Company #1 of Hamburg and the Pennsylvania State Police, on behalf of the Union Fire Company #1 of Hamburg, to investigate and ascertain any and all information concerning my background, and character which may be pertinent to my qualifications for membership with the Union Fire Company #1 of Hamburg. I understand that the information may be obtained from any person, document or other source, within or outside of the Commonwealth of Pennsylvania.

I hereby release all persons and the Union Fire Company #1 of Hamburg from liability, which might otherwise result from the release of, said information to any member of the Union Fire Company #1 of Hamburg or the Pennsylvania State Police.

In consideration of this release such information may be shared by and among any member of the Pennsylvania State Police and any or all of the following officers of the Union Fire Company #1 of Hamburg, chief officers and trustees. I understand that the same shall not be released to any other individual, including organization, absent good cause or myself.

I agree that the Union Fire Company #1 of Hamburg may admit this information into evidence in order to defend any administrative or court proceeding, which is initiated on my behalf. I retain the right to challenge the accuracy of such information, in such a proceeding, but waive all objections as to the admissibility of the information.

I understand that I am not compelled to sign this authorization.

_____ _____

Applicant's Signature Date Witness Signature Date

_____

Address, City, State, Zip Code

I, _____, having made application for membership with the Union Fire Company #1 of Hamburg, do not desire to sign the authorization stated above. I understand that if the Union Fire Company is unable, through the exercise of reasonably diligent investigative methods, to obtain information concerning my background, and character which is necessary to evaluate my qualifications to be accepted for membership by the Union Fire Company #1 of Hamburg, I may be passed over for membership.

_____ _____

Applicant's Signature Date Witness Signature Date