

INDIAN RIVER COUNTY FIRE RESCUE
PERSONAL INQUIRY WAIVER , RELEASE AUTHORIZATION & AFFIDAVIT

DATE: _____ FULL NAME: _____

DATE OF BIRTH: _____ Last 4 Digits of your SOCIAL SECURITY # _____

POSITION APPLIED FOR: **MEMBER OF THE VERO BEACH VOLUNTEER FIRE DEPARTMENT**

NOTE: 837.06 False official statements.--Whoever knowingly makes a false statement in writing with the intent to mislead a public servant or the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in S.775.082, S.775.083, or S.775.084.

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for an offense against the law? Yes _____ No _____

You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law.

NOTE: a conviction does not automatically mean you cannot be appointed.

Do you use tobacco products? Yes _____ No _____

Are you presently dependent upon drugs or alcohol? Yes _____ No _____

I specifically authorize the "Indian River County Department of Emergency Services" to conduct an investigation of my background as well as moral character and to review any and all records including but not limited to: Employment Records, School Records, Military Records, Training Certificates, Diplomas, Credit Ratings, Police Records and Court Files. This information is to be used by the Department of Emergency Services in determining my qualification and fitness for the position for which I have applied.

By this Release Authorization, I HEREBY FOREVER RELEASE, DISCHARGE, EXONERATE, HOLD HARMLESS AND INDEMNIFY the "Indian River County Department of Emergency Services", its trustees, officers, employees, representatives, agents, subcontractors, and independent contractors and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from the Department and any other claim or cause of action arising out of the furnishing, inspecting, or copying of any documents, files, records, and other information, or the investigation made by or on behalf of the Department, unless such release is determined to violate the public policy of the State of Florida or Indian River County, and in that event, this release will be permitted to the maximum extent allowed by the governing law.

SIGNATURE OF APPLICANT

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this _____ day of _____, 201__.

_____ NOTARY PUBLIC My commission expires: _____