





# City of Phoenix

Police Employment Services Bureau

## 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-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be so notified.

I, \_\_\_\_\_, hereby waive any and all claims of confidentiality against anyone who may have knowledge of my fitness for employment with the Phoenix Police Department.

For and in consideration of the Phoenix Police Department's acceptance and processing of my application for employment I, \_\_\_\_\_, agree to hold the City of Phoenix, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Phoenix Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation; such information may be turned over to the proper authorities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Subscribed and sworn before me,  
This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



**Arizona Peace Officer Standards and Training Board  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, **DO HEREBY AUTHORIZE** any and all persons,  
(print name)

employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the \_\_\_\_\_. This release is in addition to,  
(print agency name)  
and not intended to curtail or diminish the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

SIGNATURE OF APPLICANT:

DATE:

**Sworn and Subscribed to Before Me This: \_\_\_\_\_ Day of \_\_\_\_\_, 20**

BY:

STATE OF:

COUNTY OF:

SIGNATURE OF NOTARY PUBLIC: