



Marion Police Department

1024 South Main St. P.O. Box 1190
Marion, South Carolina 29571
Phone (843) 423-8616
Fax (843) 423-8604

Tony Flowers
Chief of Police

Authorization to Obtain Information

I authorize the City of Marion Police Department to perform a background investigation in connection with my application for employment. This investigation may include, but is not limited to information as to my credit, schools attended, police convictions, Department of Motor Vehicle records, personal references, professional references, previous employers, present employers, polygraph results, and any other appropriate sources the Marion Police Department deems necessary.

I authorize the release of any information that the City of Marion Police Department may request from the above sources. A copy of this release shall be as the original document. I also understand and agree that all information received by the City of Marion Police Department in connection with this application and background investigation is confidential and shall not be disclosed to me.

Applicant's Full Name (Print)

Applicant's Signature

____/____/_____
Date

____/____/_____
Date of Birth

____/____/_____
Social Security Number

State of South Carolina, County of Marion, City of Marion

On this _____ day of _____, 20_____

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the forgoing signature to be his/hers, and having duly sworn to me, made oath that the statements made in the said instrument are true.

Notary Public Signature

My commission expires: ____/____/_____