Gainesville Police Department

Background Investigation
Waiver Packet
GAINESVILLE POLICE DEPARTMENT
413 NW 8th Avenue, Gainesville, Florida 32601 (352) 393-7595

APPLICANT INFORMATION

Date: __________________________

Name: __________________________ Alias or Nickname: ________________

Last    First    Middle

Address: _________________________ Street   City   County   State   Zip Code

Phone: (_____) __________________ Alternate Phone: (_____) __________

Soc Sec # __________________________ Date of Birth: __________________

Place of Birth: __________________________

Race: ______  Sex: ______  Height: ______  Weight: ______  Eyes: ______  Hair: ______

Driver’s License # __________________________ Class: ______  State: ______

Notice: The Gainesville Police Department has asked that you provide your social security number (SSN). The decision to provide your SSN is your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, the Gainesville Police Department will use it for purposes of identification, and may share the information with other agencies for the same purpose. The Gainesville Police Department’s request for your SSN is authorized by state law because use of your SSN is imperative for the Gainesville Police Department to fulfill its lawful duties and responsibilities.

IMPORTANCE OF HONESTY STATEMENT

The Gainesville Police Department looks for applicants who demonstrate certain characteristics – the most important being honesty. It is very important that applicants are completely honest during the selection process beginning at the time of application, in completing the background documents, and during interviews.

Applicants may think that something they have done will disqualify them from further consideration – it may or may not. What will disqualify an applicant is lying or distorting the truth. For example, an applicant may or may not be disqualified for being arrested, using illegal drugs, or being fired from a job. However, lying about that those incidents will disqualify an applicant from further consideration.

Note: Per Florida Administrative Code 11B-27.0011, titled “Moral Character,” falsifying an employment application may result in the suspension or revocation of law enforcement certification, thereby disqualifying an applicant from employment as a law enforcement or correctional officer within the State of Florida.

I have read and understand the contents and meaning of the above “Importance of Honesty Statement.”

X ____________________________ DATE ____________________________

SIGNATURE OF APPLICANT
MILITARY SERVICE WAIVER

If you have not served in any branch of the military, complete the below listed affidavit and disregard the next two pages.

If you have served in any branch of the military, complete the next page (Request Pertaining to Military Records).

Note: ROTC is not considered military service.

I, ________________________________ certify that I have never served in any branch of the military, either domestic or foreign.

X________________________________
SIGNATURE OF APPLICANT

STATE OF _______________________
COUNTY OF _______________________

Sworn to (or affirmed) and subscribed before me this ______ day of ____________________, 20____, by
______________________________, who is personally known to me or produced identification.

Type of Identification Produced: ______________________________________________________

( seal)

Notary Public
Printed Name: ___________________________
REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran’s next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/military-service-records/ To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle) 2. SOCIAL SECURITY # 3. DATE OF BIRTH 4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
<th>SERVICE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. ACTIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. RESERVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. STATE NATIONAL GUARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. IS THIS PERSON DECEASED? □ NO □ YES: MUST provide Date of Death if veteran is deceased:

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? □ NO □ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☑ DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran:

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran’s next-of-kin, or other persons or organizations, as authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, enlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost. An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: □ I want a DELETED copy.

☑ Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:

☑ Other (Specify):

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME:

☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.

☐ I am the DECEASED VETERAN’S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

☐ OTHER

(Relationship to deceased veteran)

3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)

Lieutenant Paris Owens

Name

545 NW 8th Avenue

Street

Gainesville FL 32601

City State Zip Code

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran’s legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

☐ I am the VETERAN’S LEGAL GUARDIAN (MUST submit copy of Court Appointment or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

☐ OTHER

Gainesville Police Department (Specify type of Other)

(352) 393-7595 (352) 334-2302

Signature Required - Do not print Daytime phone Fax Number

owspsv@cityofgainesville.org Email address
The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

<table>
<thead>
<tr>
<th>BRANCH</th>
<th>CURRENT STATUS OF SERVICE MEMBER</th>
<th>Personnel Record</th>
<th>Medical or Service Treatment Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR FORCE</td>
<td>Discharged, deceased, or retired before 5/1/1994</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 5/1/1994 – 9/30/2004</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 10/1/2004 – 12/31/2013</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/2014</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Active (including National Guard on active duty in the Air Force), TDLR, or general officers retired with pay</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current National Guard enlisted on active duty in the Air Force</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired before 1/1/1898</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1898 – 3/31/1998</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 4/1/1998 – 9/30/2006</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 10/1/2006 – 9/30/2013</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 10/1/2013</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Active, Reserve, Individual Ready Reserve or TDLR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active, Selected Marine Corps Reserve, TDLR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MARINE CORPS</td>
<td>Discharged, deceased, or retired before 1/1/1895</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1895 – 4/30/1994</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 5/1/1994 – 12/31/1998</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1999 – 12/31/2013</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/2014</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Individual Ready Reserve</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Active, Selected Marine Corps Reserve, TDLR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ARMY</td>
<td>Discharged, deceased, or retired before 1/1/1912 (enlisted) or before 7/1/1917 (officer)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 10/16/1992 – 9/30/2002</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired (including TDLR) 10/1/2002 – 12/31/2013</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired (including TDLR) on or after 1/1/2014</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Active Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>NAVY</td>
<td>Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1893 (officer)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1893 – 1/30/1994 (officer)</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/3/1995 – 12/31/2013</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/2014</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Active, Reserve, or TDLR</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>PHS</td>
<td>Public Health Service - Commissioned Corps officers only</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1. Air Force Personnel Center
   HQ AFPC/DPSIRP
   550 C Street West, Suite 19
   Randolph AFB, TX 78150-4721

2. Air Reserve Personnel Center
   Records Management Branch (DPTSC)
   18420 E. Silver Creek Avenue
   Building 390 MS 68
   Buckley AFB, CO 80611

3. Commander, Personnel Service Center
   (BOPSC- C-MR) MS7200
   US Coast Guard
   2703 Martin Luther King Jr Ave SE
   Washington, DC 20593-7200
   USCG CustomerService@uscg.mil

4. Headquarters U.S. Marine Corps
   Manpower Management Records & Performance (MMR-10)
   2008 Elliot Road
   Quantico, VA 22134-5630

5. Marine Corps Reserve
   2000 Opolonas Avenue
   New Orleans, LA 70146-5400

6. National Archives & Records Administration
   Research Services (RDT10)
   700 Pennsylvania Avenue NW
   Washington, DC 20408-0001

7. US Army Human Resources Command’s web page:
   or 1-888-ARMY-HRC (1-888-276-9472)

8. Navy Medicine Records Activity (NMRA)
   BUMED Detachment St. Louis
   4300 Goodfellow Boulevard, Building 103
   St. Louis, MO 63120

9. AMEDD Record Processing Center
   3370 Nacogdoches Road, Suite 116
   San Antonio, TX 78217

10. Navy Personnel Command (PERS-313)
    5720 Integrity Drive
    Millington, TN 38053-3120

11. Department of Veterans Affairs
    Records Management Center
    ATTN: Release of Information
    P.O. Box 5020
    St. Louis, MO 63115-5020

12. Division of Commissioned Corps Officer Support
    ATTN: Records Officer
    1101 Wooton Parkway, Plaza Level, Suite 100
    Rockville, MD 20852

13. AF STR Processing Center
    ATTN: Release of Information
    3370 Nacogdoches Road, Suite 116
    San Antonio, TX 78217

14. National Personnel Records Center
    (Military Personnel Records)
    1 Archives Drive
    St. Louis, MO 63138-1002

15. eVetRecs:
    http://www.archives.gov/veterans-military-service-records/
I.R.S. WAIVER

I hereby authorize the Internal Revenue Service to conduct an examination of my I.R.S. file and to release to the Gainesville Police Department Personnel Unit any and all information that relates to the following:

1) Any criminal or civil investigation conducted by the Internal Revenue Service

2) Fact of Filing (if you have filed your tax returns)

Name: ____________________________
   Last       First       Middle

Address: ____________________________________________________________

City: __________________________ State: __________ Date of Birth: __________

Social Security Number: ________________________________

X____________________________________________
SIGNATURE OF APPLICANT

STATE OF ________________________________

COUNTY OF ________________________________

Sworn to (or affirmed) and subscribed before me this ______ day of ________________________, 20____, by ________________________________, who is personally known to me or produced identification.

Type of Identification Produced: ________________________________

(seal)

Notary Public
Printed Name: ________________________________
Form 4506-T

Request for Transcript of Tax Return

Do not sign this form unless all applicable lines have been completed.

Read the instructions on page 2.

Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.
1b First social security number on tax return or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return
2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

4 Previous address shown on the last return filed if different from line 3

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution: If a third party requires you to complete Form 4506-T, do not sign Form 4506-T if lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days.

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 Information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days.

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4508 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Telephone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions) Date
Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Chart for individual
transcripts (Form 1040 series
and Form W-2)

If you filed an individual return and lived in:

<table>
<thead>
<tr>
<th>State, Country, Province</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska</td>
<td>310 Lowell St.</td>
<td>Andover, MA 01810</td>
</tr>
<tr>
<td>Arizona, Arkansas,</td>
<td>978-247-9255</td>
<td>Vladimir</td>
</tr>
<tr>
<td>California, Colorado</td>
<td>4800 Buford Hwy.</td>
<td>Stop 91</td>
</tr>
<tr>
<td>Florida, Georgia,</td>
<td>678-530-5326</td>
<td>Chamblee, GA 30341</td>
</tr>
<tr>
<td>North Carolina,</td>
<td>3651 South Interregional Hwy.</td>
<td>Austin, TX 78741</td>
</tr>
<tr>
<td>North Dakota,</td>
<td>512-460-2272</td>
<td>Fresno, CA 93727</td>
</tr>
<tr>
<td>Tennessee, Texas,</td>
<td>5045 E. Butler Ave.</td>
<td>Stop 38101</td>
</tr>
<tr>
<td>Virginia</td>
<td>3206 E. Bannister Road</td>
<td>Kansas City, MO 64130</td>
</tr>
<tr>
<td>Arkansas, Kansas,</td>
<td>816-823-7667</td>
<td>Philadelphia, PA</td>
</tr>
<tr>
<td>Kentucky, Louisiana,</td>
<td>190-516-2931</td>
<td>19255-0695</td>
</tr>
<tr>
<td>Mississippi, Missouri,</td>
<td>236-220-7521</td>
<td>Ogden, UT 84409</td>
</tr>
<tr>
<td>Ohio, Pennsylvania,</td>
<td>310-774-8123</td>
<td>801-620-8922</td>
</tr>
<tr>
<td>Rhode Island, South</td>
<td>RAIVS Team</td>
<td>P.O. Box 9941</td>
</tr>
<tr>
<td>Carolina, Virginia</td>
<td>RAIVS Team</td>
<td>Mall Stop 6734</td>
</tr>
<tr>
<td>Arkansas, Kentucky,</td>
<td>RAIVS Team</td>
<td>801-620-8922</td>
</tr>
<tr>
<td>Maine, Maryland,</td>
<td>RAIVS Team</td>
<td>P.O. Box 145500</td>
</tr>
<tr>
<td>Massachusetts,</td>
<td>Stop 2800 F</td>
<td>Cincinnati, OH 45250</td>
</tr>
<tr>
<td>Michigan, New Hampshire,</td>
<td>DP 1355E</td>
<td>19255-0695</td>
</tr>
<tr>
<td>Jersey, New York,</td>
<td>215-516-2931</td>
<td>19255-0695</td>
</tr>
<tr>
<td>North Carolina, Ohio,</td>
<td>859-669-3592</td>
<td>215-516-2931</td>
</tr>
<tr>
<td>Pennsylvania,</td>
<td>RAIVS Team</td>
<td>801-620-8922</td>
</tr>
<tr>
<td>Rhode Island, South</td>
<td>RAIVS Team</td>
<td>P.O. Box 9941</td>
</tr>
<tr>
<td>Carolina, Vermont,</td>
<td>RAIVS Team</td>
<td>Mall Stop 6734</td>
</tr>
<tr>
<td>Virginia, Virginia</td>
<td>RAIVS Team</td>
<td>801-620-8922</td>
</tr>
<tr>
<td>19255-0695</td>
<td>215-516-2931</td>
<td>19255-0695</td>
</tr>
</tbody>
</table>

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on your return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require us to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and states, cities, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP-T:T-SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.
WAIVER FOR RELEASE OF CREDIT INFORMATION

To Whom It May Concern: I am an applicant for a position with the Gainesville Police Department, which agency is required to conduct a thorough background investigation into my personal history, a portion of which concerns my financial status. It is in the public's interest that all relevant information concerning my CREDIT HISTORY be completely and fully disclosed to the above agency.

I hereby authorize the employee of the Gainesville Police Department presenting this release to obtain any information in your records and files pertaining to my CREDIT HISTORY, and I hereby direct you to release said information, however personal or confidential in nature, upon request of the bearer/presenter.

Further, I agree to indemnify and hold harmless the person(s) by whom and to whom this request is presented, as well as their agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees and court costs, arising out of or by reason of complying, in good faith, with this request. Any copy or facsimile of this release form will be considered valid as an original thereof; even though it does not contain an original writing of my signature.

I certify that I have been explained that the Fair Credit Reporting Act contains certain terms, conditions, and rights that apply to me, and that I have voluntarily agreed to this review of my records.

Current legal name: ________________________________  
Last  
First  
Middle  

Previous name(s) or aliases: ________________________________

Date of Birth __________________________  Social Security # __________________________

X __________________________
SIGNATURE OF APPLICANT

STATE OF __________________________
COUNTY OF __________________________

Sworn to (or affirmed) and subscribed before me this _______ day of ________________________, 20____, by __________________________, who is personally known to me or produced identification.

Type of Identification Produced: __________________________

(__________)  Notary Public
Printed Name: __________________________
FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

DISCLOSURE

I understand that, as a component of checking my CREDIT HISTORY, the Gainesville Police Department (GPD) will obtain and use a 'consumer report' from a 'consumer reporting agency'. A 'consumer reporting agency' is a person or business which, for monetary fees, dues, or a non-profit cooperative basis, regularly assembles or evaluates consumer credit (or other) information for the purpose of furnishing this information to other persons or entities, such as GPD. I understand that a 'consumer report' is any written, oral, or other communication of any information by a 'consumer reporting agency' that has bearing on a consumer's credit worthiness, standing, or capacity, or on the consumer's character, general reputation, personal characteristics or mode of living, and is collected and/or used for review as a factor in establishing the consumer's eligibility for employment.

Additionally, if GPD obtains a 'consumer report' regarding me, and the information contained therein is used by GPD and directly and adversely affects me, I will be provided a copy of said report before any decision [by the Department] is finalized. I also understand that terms, conditions, and rights that apply to me are more fully explained in the Fair Credit Reporting Act, and that I may read that Act or contact the Federal Trade Commission for further information.

AUTHORIZATION

By signing below, I, __________________________, hereby voluntarily authorize GPD to obtain 'consumer reports' about me from a 'consumer reporting agency'. I further allow GPD to consider the 'consumer reports' when making decisions regarding my employment eligibility. I understand that I have rights under the Fair Credit Reporting Act, including the rights listed above.

X________________________
SIGNATURE OF APPLICANT

STATE OF __________________________
COUNTY OF __________________________

Sworn to (or affirmed) and subscribed before me this _____ day of _________________, 20____, by
__________________________________________, who is personally known to me or produced identification.

Type of Identification Produced: __________________________

(seal)

Notary Public
Printed Name: __________________________
AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)
Incorporated by Reference in Rule 11B-27.0022(2)(e), F.A.C.

To:   Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: ____________________________________________________________

DATE OF BIRTH: ____________________________ LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: ________

AGENCY REQUESTING BACKGROUND INFORMATION: GAINESVILLE POLICE DEPARTMENT

ADDRESS: 545 NW 8th Avenue Gainesville, FL 32601

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States military denoting discharge status or current active military status to:

Professional Standards Bureau - Personnel Division C/O Gainesville Police Department - 545 NW 8th Avenue Gainesville, FL 32601

Section 768.095, F.S., titled Employer Immunity from Liability: disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (d), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature ____________________________________________ Date __________

Applicant's Address ____________________________________________

CATH
Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF ______________________________ COUNTY OF ______________________________

Sworn to (or affirmed) and subscribed before me this ______________________________ day of ______________________________, year ______, By ______________________________

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known [ ] OR Produced Identification [ ]

Type of Identification Produced ______________________________

Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (d), F.S.

Original – Employing Agency 1 of 1

Commission-Approved Revisions: 12/16/10

Form Effective Date: 3/2013