

Dear Applicant:

It is extremely important that you read and follow all of the directions contained in this packet. Failure to do so may result in disqualification. **Please do not begin completing this packet without reading the directions first.**

Attachment: Background packet for Police Officer



Dear Applicant:

Congratulations! You have been selected to continue in the hiring process for the position of Police Officer with the Martinez Police Department. Please follow the instructions below.

The next step is to go online to <http://www.post.ca.gov>, click on Forms, and then complete the Personal History Statement - Peace Officer questionnaire form 2-251. (This form needs to be typed - not handwritten. The pages need to be initialed, and the packet signed in the space provided. In addition, be advised that P.O.S.T. occasionally updates this form. As a result, if you have already completed this form in the past, make sure you turn in the most current version by checking the date in the upper left-hand corner.)

Your Personal History Statement and a copy of the signed and notarized waivers are due by 4:00 pm on the date indicated on the Timeline Agreement waiver. If there is no date indicated on the waiver, then you are required to have the Personal History Statement and notarized waivers submitted by 4:00 pm on the first business day after your interview. Should you have questions regarding any of the enclosed documents, please do not hesitate to call me, Renee Jacobs, at (925) 372-3445 or [rjacobs@cityofmartinez.org](mailto:rjacobs@cityofmartinez.org).

Once your Personal History Statement has been submitted and approved, your packet will be assigned to our background investigator. Please see the required documents listed and follow the instructions indicated on the form for the interview with the investigator.

Sincerely,

Renee L. Jacobs  
Executive Assistant



## **REQUIRED DOCUMENTS**

**You will need to provide the following documents when the background investigator meets with you as well as the original copies of the waivers/authorizations.** If you are unable to get any required documents before the interview, please order them and submit them to Exec. Assistant Renee Jacobs as soon as received. Copies of original documents need to be one item per page.

- **Driver's License**
  - Original and copy for investigator
- **Birth Certificate**
  - Original or Certified Copy and copy for investigator
- **Naturalization Papers, if applicable**
  - Original and copy for investigator
- **Social Security Card**
  - Original and copy for investigator
- **Marriage Certificate(s), if applicable**
  - Original and copy for investigator
- **All Divorce Complaints and Decrees, if applicable**
  - Original and copy for investigator
- **Automobile Insurance Proof of Coverage**
  - Original and copy for investigator
- **High School Diploma and Transcripts**
  - Official Transcript - Sealed and certified from the School District
  - Diploma, G.E.D. Certificate – Original and copy for investigator
- **College Transcripts and Degrees**
  - Official Transcripts - Sealed and certified from each college or university attended
  - Diplomas/ Degrees – Original and copy for investigator
- **Any P.O.S.T. Certificates or training certificates**
  - Original and copy for investigator
- **Performance evaluations from current employer**
  - Copy for investigator
- **Any awards or letters of commendation**
  - Copy for investigator
- **All police reports or accident reports within the last 7 years**
- **Any restraining orders, if applicable**
  - Original and copy for investigator
- **Military – if applicable**
  - Proof of Selective Service Registration
    - Original and copy for investigator
  - DD214, along with any awards, decorations or disciplinary actions
    - Original and copy for investigator

## **ACKNOWLEDGMENT**

I have received a copy of this form and understand that it is my responsibility to arrange for receipt of the documents pertinent to my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**City of Martinez  
Police Department**

**Pre-Employment Investigation  
Waivers and Acknowledgments**

**Notice to Applicant:** Below is a list of notices/waivers and acknowledgment forms that you must complete in order for the Martinez Police Department to initiate a background investigation into your qualifications and suitability for the position of Police Officer.

**Authorization to Release Information (Public Safety) - Requires Notarization**  
**Informed Consent Release and Hold Harmless for Confidentiality - Requires Notarization**  
**Release Authorization Employment Information - Requires Notarization**  
**Advisement Regarding False Statements**  
**Notification Regarding Consumer Credit Report**  
**Consumer Report Request Form – John and Claire Investigations**  
**Notice Re: Consumer Report Request Form – Walkup Investigations- Requires Notarization**  
**Mandated Reporter -Child Abuse**  
**Mandated Reporter -Elder/Dependent Adult Abuse**  
**Informed Consent Release and Hold Harmless**  
**Background Package Timeline Agreement**  
**California Driver’s License Requirement**  
**Discovery Waiver**  
**Martinez Police Advisement**  
**Martinez Police Advisement**  
**Medical Evaluation Waiver of Confidentiality**  
**Motor Vehicle Financial Responsibility**  
**Photo Waiver**  
**Psychological Evaluation Waiver of Confidentiality**

Please read each section carefully and sign in the space provided. Return the completed packet to the Martinez Police Department, ATTN: Executive Assistant. (If you would like to utilize the services of the notaries at the Police Department, please contact Renee Jacobs at (925) 372-3445 or via email at [rjacobs@cityofmartinez.org](mailto:rjacobs@cityofmartinez.org) to schedule an appointment. You may also utilize a notary of your choosing.)

**CITY OF MARTINEZ POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION  
(PUBLIC SAFETY)**

**TO WHOM IT MAY CONCERN:**

I am an applicant for the position of Police Officer with the Martinez Police Department. As a matter of Department policy and California state law, my prospective employer is required to conduct an investigation into my personal and medical fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release to the Martinez Police Department and/or any investigative agency on their behalf, any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information; official employment information; official employment documents; employment performance data; character reference information; educational records and transcripts (pursuant to Public Law 93-380); medical, surgical, and dental records if I am offered conditional employment with this agency (pursuant to the Medical Information Act, Civil Code Section 56 et. seq. And C.F.R. 1630): credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts); local criminal history information (pursuant to Penal Code Section 13300(b)[10]); and **any internal affairs investigation files or any other file that has been sealed or closed by any agreement.**

I hereby agree to exonerate, release, discharge, indemnify and hold harmless the Martinez Police Department or any other investigative agency, its officers, employees, custodian of records, authorized agents and representatives of and from any and all claims, damages or liability, of any nature, known or unknown, contingent or certain, past, present or future, arising out of or relating in any way to the furnishing of such documents, records and other information to the Martinez Police Department only.

**I hereby release, discharge, and exonerate any agency, their agents, representatives and/or any person from liability arising out of furnishing and/or inspection of records and/or truthful, even though embarrassing, information.** This release shall be binding on my legal representatives, heirs and assigns.

**A PHOTOCOPY OF THIS RELEASE IS TO BE CONSIDERED AS VALID AS AN ORIGINAL**

**\*Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**\*Note to applicant: This form must be notarized.**

**AUTHORIZATION / ADVISEMENT  
INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF  
PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA**

CANDIDATE NAME: \_\_\_\_\_

**I fully recognize that under California law, individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the position of a peace officer. I further recognize that an employing agency has both a legal and a moral obligation to make every reasonable effort to ensure that any person employed by them as a peace officer will conform to the very highest standards.**

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in California, information protected under sections 832.7 of the Penal Code and 1043 of the Evidence Code. I further understand that this background investigation includes a credit check and that negative credit information may be considered as part of this process. I understand that under the law I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under California Civil Code Section 47.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it pursuant to California Labor Code Section 432.

**This release is valid for 120 days from the date of signature.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Candidate Signature

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Here Insert Name and Title of the Officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

CANDIDATE NAME:

[Redacted Candidate Name]

California Government Code Section 1031, subdivision (d), provides that each class of **Public Officer or Employees declared by law to be Peace Officers** shall "Be of good moral character, as determined by a thorough background investigation."

All responses to inquiries are protected, even if unsolicited, by the absolute privilege of California Civil Code Section 47, subsections (b) and (c), and California Government Code Section 1031.1.

As a candidate for a position with the **Martinez Police Department**, I am required to furnish information for use in determining my qualifications. For this purpose, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials that have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under California Penal Code Section 832.7, and therefore subject to discovery or disclosure only pursuant to a noticed motion under California Evidence Code Section 1043. By signing this authorization I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to California Evidence Code Section 1043, and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I hereby release, discharge, and exonerate the agency, their agents, representatives and/or any person furnishing information, from liability arising out of the furnishing and/or inspection of records and/or other truthful, even though potentially embarrassing, information.

It is further understood, acknowledged, and agreed to, that any information secured pursuant to this statutorily required background investigation, which would negatively reflect on my fitness for duty, will be forwarded to my current law enforcement employer.

This release shall be binding on my legal representatives, heirs, and assigns.

**This release is valid for 120 days from the date of signature.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Candidate Signature

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Here Insert Name and Title of the Officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

ADVISEMENT TO CANDIDATE  
REGARDING FALSE STATEMENTS

CANDIDATE NAME:

The overall purpose of the pre-employment background investigation is to verify that your application and any statements you have made to your prospective employer concerning your qualifications are true. The California courts have held that an employer has a legal duty to know the persons whom it employs. In some cases, California law may mandate a background investigation before employment, while in other cases it is merely a case of public policy or prudence before placing someone in a position of public trust.

Both State and Federal courts have also held that there is an absolute necessity for public employees to be truthful. You must understand that a lack of truthfulness or deception of any type on your part will automatically and irrevocably result in your application being rejected from further consideration.

For some people, there may be one or more incidents or occurrences in their background which they regret or over which they may feel some embarrassment. A prospective employer will not make inquiries into areas of a person's background that have no legitimate bearing on their qualifications for the job. You should understand that the mere presence of so-called "negative" information in your background is not automatically disqualifying. For example, an applicant may have engaged in petty thievery as a child, used illegal drugs, been fired from a job or been convicted of a crime as an adult. While these things in and of themselves may not automatically remove that person from consideration for a job, lying about them will.

A pre-employment background investigation is not intended to be an intimidating experience or an unwarranted invasion into your privacy. Your background investigator will contact persons who know you, including present and/or former employers, and will examine official documents and records concerning you to assure that you have been honest in your application and to fulfill the legal mandates imposed by the courts and legislature. The more forthright you have been, the greater the likelihood that your background can be completed in a timely and successful manner.

**CERTIFICATION**

**I understand that any false statement and/or deliberate misrepresentations, whether by omission or commission, will result in my application being automatically and irrevocably rejected from further consideration. I certify that I have read the above statement, understand its contents and have been furnished a copy of it.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**NOTIFICATION REGARDING CONSUMER CREDIT REPORTING AGENCY  
CREDIT REPORT**

The U.S. Fair Credit Reporting Act (FCRA) of 1996 (15 U.S. Code 1681, Section 604(b) and California's Consumer Credit Agencies Act (Civil Code Section 1785.20.5) require that you be notified separately of your rights before any prospective employer may use credit data as part of an employment decision. In some cases, an evaluation of your financial history is mandated by law [California Code of Regulations, Title 11, Sections 9053(e)(11)/9059(e)(10)], or by policy of your prospective employer.

You are hereby notified that your prospective employer intends to use credit data as **part** of its decision-making process for the position for which you have applied. The Credit Reporting Agency (CRA), which will furnish this data, will be Universal Credit Services, Inc located at 201 Marple Ave., PO Box 187, Clifton Heights, PA 19018. Their telephone number is 610-284-1000. You will automatically be furnished a copy of this report, but before any adverse actions are taken as a result of this document, you are advised of the following:

1. Access to your file is limited to persons recognized by the FCRA;
2. Your consent is required for reports that are provided to employers or that contain medical information;
3. You can find out what is in your file, although some information, such as "risk sources" or "credit scores" may be lawfully withheld;
4. You have been informed of the name, address, and telephone number of the CRA which is furnishing this data;
5. You can dispute inaccurate information with the CRA;
6. Inaccurate information must be corrected or deleted;
7. Outdated information may not be reported (seven years for most information, ten years for bankruptcies);
8. You may choose to exclude your name from the CRA list for unsolicited credit and insurance offers;
9. You may seek damages from violators, and;
10. The complete text of this act may be found at [www.ftc.gov](http://www.ftc.gov).

**CERTIFICATION:** I certify that Martinez Police Department has my consent to obtain a copy of my credit report for the limited purpose of my pre-employment background investigation; that I have been furnished with the name, address, and telephone number of the CRA, I have been informed that I will receive a copy of my credit report and that I have been informed in summary form of my rights under the FCRA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Copy to Applicant: \_\_\_\_\_





**NOTICE REGARDING**  
**CONSUMER CREDIT REPORT**

As part of the investigation into your background for employment with the Martinez Police Department, an inquiry will be made into your behavior regarding the handling of finances. A consumer credit report will be obtained from a private credit bureau and will be used as part of this inquiry.

A copy of the consumer credit report will be provided to you at no charge if you check the box below.

I would like to receive a copy of the consumer credit report.

CERTIFICATION

I have read and understand the above statement and will abide by the requirements.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, in the County of \_\_\_\_\_, State of California.

\_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

APPLICANT'S PRINTED NAME

\_\_\_\_\_

CITY, STATE, AND ZIP

\*Note to applicant: This form must be notarized.  
Please do not write on the attached "California All Purpose Acknowledgement" form. The Notary will use that form for the notarization.

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_  
*Date Here Insert Name and Title of the Officer*  
personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*Place Notary Seal and/or Stamp Above*

Signature \_\_\_\_\_  
*Signature of Notary Public*

**OPTIONAL**

*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer – Title(s): \_\_\_\_\_

Partner –  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

**Martinez Police Department**  
**Statement of Knowledge and Compliance with**  
**Penal Code Section 11166.5**

**"Mandated Reporter- Child Abuse"**

"On or after January 1, 1985, any mandated reporter as specified in Section 11165, with the exception of child visitation monitors, prior to commencing his or her employment, and as a prerequisite to that employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions. The statement shall inform the employee that he or she is a mandated reporter and inform the employee of his or her reporting obligations under Section 11166."

*You are hereby informed that the government position you are seeking is a mandated reporter within the meaning of this Act. You are further informed that pursuant to Penal Code Section 11166, "...a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident."*

Penal Code Section 11165.9 reads "Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department."

**Certification**

I have read the above statement and have been informed that the position I am seeking is a mandated reporter. I understand the reporting obligations described and will comply with those provisions of law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Martinez Police Department**  
**Statement of Knowledge and Compliance with**  
**Welfare & Institutions Code Section 15630**

**"Mandated Reporter- Elder/Dependent Adult Abuse"**

Welfare and Institutions Code Section 15639 requires "any care custodian, health practitioner, or employee of an adult protective service agency or local law enforcement agency, who entered into employment after January 1 1995, prior to commencing his or her employment and as a prerequisite to that employment" to sign a specified statement to the effect that he or she has knowledge of, and will comply with, the provisions of this statute.

**STATEMENT**

Section 15630 declares that "any elder or dependent adult custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency is a mandated reporter..."

As such, "any mandated reporter, who, in his or her professional capacity, or within the scope of his or her employment, has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury clearly indicates that physical abuse has occurred or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse shall report the known or suspected instance of abuse by telephone immediately or as soon as possible, and by written report sent within two working days," as specified.

**CERTIFICATION**

I have read the above statement and understand its meaning. I hereby certify that in the event that I am appointed to this position, I will comply with the provisions of W & I Code Section 15630, and I understand this signed document will become a permanent part of my personnel file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



**INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR  
PRE-EMPLOYMENT BACKGROUND INVESTIGATION**

I fully recognize that my prospective employer, intends to obtain a pre-employment background report about me from John and Claire Investigations (“JCI”), a consumer reporting agency located at 6259 Green Leaf Lane Foresthill, California 95631, telephone (707) 246-7922, website [www.jcinvestigation.com](http://www.jcinvestigation.com).

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness, and that such investigation will include contacting persons and/or organizations who have information relating to my fitness, including if I am or have been a peace officer in California, information protected under sections 832.7 of the Penal Code and 1043 of the Evidence Code. I further understand that this background investigation includes a credit check and that negative credit information may be considered as part of this process. I understand that under the law I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information can be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, such information will be inextricably interwoven with confidential data to which I might not otherwise be privy, pursuant to California Civil Code §47 or other statute. This confidential data may be shared with my prospective employer or any other government agency upon authorization. I have also been informed that because my background investigation is mandated by law, responses from persons contacted, whether solicited or unsolicited, enjoy absolute privilege pursuant to California Civil Code §47.

I acknowledge that JCI cannot provide to me any information regarding the background investigation pursuant to California Civil Code §47 and understand JCI does not make any hiring decisions for the prospective employer. As such JCI cannot provide the reason for any decisions made, concerning potential employment. If I have questions concerning my employment status, I understand I should contact the prospective employer.

I, the undersigned consumer, do hereby authorize JCI to conduct a background investigation at the request of my prospective employer and to provide a consumer report to them in connection with my application for employment. I direct that this report, in its entirety, be sent to the prospective employer.

On behalf of myself, my heirs, agents, or assigns, I exonerate, release and discharge both JCI and my prospective employer, their officers, agents, or assigns, now and in the future, from any claim or damages, whether in law or in equity, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied or any information which might tend to identify the person having furnished such information.

I have had adequate time to review this form, I understand its meaning and purpose, and have been furnished a copy of it pursuant to California Labor Code § 432.

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I, the undersigned consumer acknowledge and Waive my Right to Privacy as provided by California Law. In compliance with F.C.R.A requirements, I acknowledge receipt of the "Summary of Rights" attached to this consent.

I understand and acknowledge that any, including adverse information, contained in my consumer report may affect the decision of the prospective employer. I hereby release and hold harmless JCI and all of its officers, directors, servants, principles, agents, employees, assigns, successors, subsidiaries, affiliates, attorneys, and representatives of, from and against any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, loss, costs, damage, manner of action, suits, proceedings, claims, and demands whatsoever whether known or unknown, in law or in equity, for contractual, extra-contractual, or other damages or equitable relief by reason of any cause, matter, or thing whatsoever, arising from any acts or omissions of JCI or its officers, directors, servants, principles, agents, employees, assigns, successors, subsidiaries, affiliates, attorneys, and/or representatives in any way connected with the procurement, dissemination, presentation and or decisions made as a result a consumer report and/or investigative consumer report hereby authorized.

BY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF THE

**Summary of Your Rights  
Under the Fair Credit Reporting Act (as set forth below)**

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONSENT, SUMMARY OF RIGHTS NOTICE AND INDEMNIFICATION FOR THE ABOVE INVESTIGATION AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**A PHOTOCOPY OF THIS CONSENT IS TO BE CONSIDERED VALID AS AN ORIGINAL.**

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**Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
  - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer
-

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
  - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
  - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
  - **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
  - **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
  - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
  - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
-

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

**CITY OF MARTINEZ  
POLICE DEPARTMENT  
BACKGROUND PACKAGE TIMELINE AGREEMENT**

DATE:

DEAR CANDIDATE:

ONE OF THE NEXT PHASES OF THE TESTING PROCESS IS THE COMPLETION OF THE BACKGROUND PACKAGE. IT IS VERY IMPORTANT THAT WE RECEIVE THE FOLLOWING:

1. **COMPLETED AND SIGNED PERSONAL HISTORY STATEMENT (PHS) P.O.S.T. FORM**
2. **ALL WAIVERS, INCLUDING THE NOTARIZED AUTHORIZATION TO RELEASE INFORMATION FORM**
3. **THE POLYGRAPH QUESTIONNAIRE** *(YOU KEEP THE ORIGINAL AND TURN IN A COPY OF THE QUESTIONNAIRE. IF SELECTED TO CONTINUE IN THE HIRING PROCESS, YOU WILL BE CONTACTED AND NOTIFIED TO GO TO A POLYGRAPH EXAM WHERE YOU WILL TAKE THE ORIGINAL WITH YOU. THIS DOCUMENT IS ALSO SIGNED AT THE APPOINTMENT. YOU DO NOT NEED TO SIGN IT PRIOR. THE POLYGRAPH EXAMINER WILL BE YOUR WITNESS WHEN YOU SIGN IT.)*
4. **THE REQUIRED DOCUMENTS CHECKLIST**
5. **ALL ADDITIONAL DOCUMENTS LISTED ON THE CHECKLIST**
6. **IN ADDITION, IF YOU ARE A CURRENT OR FORMER LATERAL POLICE OFFICER OR RESERVE OFFICER, COMPLETE THE PERSONAL HISTORY ADDENDUM.**

**ALL OF THE ITEMS LISTED ABOVE NEED TO BE COMPLETED AND RECEIVED BY THE EXECUTIVE ASSISTANT NO LATER THAN 4:00 P.M. ON \_\_\_\_\_.**

THE ABILITY TO FOLLOW DIRECTIONS IS PART OF THE TESTING PROCESS. THEREFORE, ANY OF THE ITEMS LISTED ABOVE THAT ARE NOT RECEIVED BY THE DEADLINE(S) WILL BE CAUSE FOR YOUR REMOVAL FROM THE TESTING PROCESS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT EXECUTIVE ASSISTANT, RENEE JACOBS, AT (925) 372-3445.

WE WISH YOU CONTINUED SUCCESS IN THE TESTING PROCESS.

***CERTIFICATION:***

I HAVE READ AND UNDERSTAND THE AFOREMENTIONED INFORMATION AND REQUIREMENTS, AND WILL CONFORM TO ALL PARAMETERS STATED ABOVE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**CITY OF MARTINEZ**  
**POLICE DEPARTMENT**  
**PRE-EMPLOYMENT INVESTIGATION**  
**CALIFORNIA DRIVER'S LICENSE REQUIREMENT**

I UNDERSTAND THAT POSSESSION OF A VALID, UNRESTRICTED, CALIFORNIA DRIVER'S LICENSE IS A REQUIREMENT FOR EMPLOYMENT WITH THE MARTINEZ POLICE DEPARTMENT.

I FURTHER UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT AND I DO NOT NOW HAVE SUCH A LICENSE, I MUST PRODUCE EVIDENCE THAT I HAVE OBTAINED THE LICENSE ON OR BEFORE MY DATE OF HIRE. THE CHIEF OF POLICE MAY GRANT A SHORT EXTENSION TO THOSE APPLICANTS WHO MOVE TO CALIFORNIA FROM OUT-OF-STATE, TO ACCOMMODATE THE OFFER OF EMPLOYMENT.

**CERTIFICATION**

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, AND WILL ABIDE BY THE REQUIREMENTS.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_  
STATE OF CALIFORNIA.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

**CITY OF MARTINEZ**  
**POLICE DEPARTMENT**  
**PRE-EMPLOYMENT INVESTIGATION**  
**DISCOVERY WAIVER**

I FULLY RECOGNIZE THAT INDIVIDUALS MUST CLEARLY DEMONSTRATE THEIR PERSONAL, MEDICAL, AND PHYSICAL FITNESS TO SERVE IN A POSITION OF TRUST WITH THE MARTINEZ POLICE DEPARTMENT. I FURTHER RECOGNIZE THAT THIS EMPLOYING AGENCY HAS A LEGAL AS WELL AS A MORAL OBLIGATION TO MAKE EVERY REASONABLE EFFORT TO INSURE THAT PERSONS EMPLOYED BY THEM CONFORM TO THE VERY HIGHEST STANDARD.

TO THAT END, I RECOGNIZE THAT THIS LAW ENFORCEMENT AGENCY WILL CONDUCT AN INTENSIVE INVESTIGATION INTO MY PERSONAL AND MEDICAL FITNESS, AND THAT SUCH AN INVESTIGATION WILL INCLUDE CONTACTING PERSONS AND/OR ORGANIZATIONS WHO MAY HAVE INFORMATION RELATING TO MY FITNESS. I FURTHER UNDERSTAND THAT THOSE PERSONS AND/OR ORGANIZATIONS MAY FEEL INHIBITED, INTIMIDATED OR OTHERWISE RETICENT ABOUT FURNISHING LEGITIMATE INFORMATION CONCERNING ME IF THE CONFIDENTIALITY OF THEIR INFORMATION CANNOT BE GUARANTEED ON A PERMANENT BASIS.

THEREFORE, I RELEASE AND HOLD HARMLESS THE CITY OF MARTINEZ, THE MARTINEZ POLICE DEPARTMENT, ITS OFFICERS, AGENTS OR ASSIGNS, NOW AND IN THE FUTURE, FROM ANY CLAIM OR DAMAGES IN LAW OR IN EQUITY ON BEHALF OF MYSELF, MY HEIRS AND ASSIGNS, FOR THEIR REFUSAL TO MAKE AVAILABLE ANY AND ALL OF THE INFORMATION CONTAINED IN THIS PRE-EMPLOYMENT PERSONAL AND/OR MEDICAL HISTORY INVESTIGATION, INCLUDING, BUT NOT LIMITED TO, THE IDENTIT(Y)(IES) OF ANY PERSON(S) AND/OR ORGANIZATION(S) WHICH MAY HAVE SUPPLIED INFORMATION IN THE COURSE OF THIS INVESTIGATION, AS WELL AS THE SUBSTANCE OF ANY INFORMATION SUPPLIED. I HEREBY WAIVE MY RIGHT, NOW AND IN THE FUTURE, TO EXAMINE, REVIEW OR OTHERWISE DISCOVER THE CONTENTS OF THIS INVESTIGATION AND ALL RELATED DOCUMENTS THERETO.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_, STATE OF CALIFORNIA.

\_\_\_\_\_  
PRINTED NAME OF PERSON GIVING CONSENT

\_\_\_\_\_  
SIGNATURE OF PERSON GIVING CONSENT

**CITY OF MARTINEZ  
POLICE DEPARTMENT**

**Advisement**

This agency intends to use information assembled, analyzed and transmitted by an Investigative Consumer Reporting Agency to complete a pre-employment background investigation. Pursuant to California Civil Code § 1786.16, you are hereby informed that this agency is:

John & Claire Investigations  
6259 Greenleaf Lane  
Foresthill, CA 95631  
(707) 246-7922

Furthermore, we are also advising you that this report will contain information concerning your character, general reputation, personal characteristics, and mode of living, as required either by California Law (Code of Regulations Title 11, Division 2, Article 1, Sections 1002(a) and 1018(c), Penal Code § 13511.5, 13601) or in response to our established policies.

California Civil Code § 1786.22 also permits you to request the inspection of any records or database information permanently maintained by this I.C.R.A., which we have been assured that such information consists of your legal name, associated names, identifying data, the name of our agency, the position for which you have applied, and the date their report was transmitted to us.

Except in response to formal discovery proceedings, California Civil Code § 1786.10(a) does **not** require any I.C.R.A. to disclose the confidential sources of this investigation, or responses given during legally mandated backgrounds, which are generally protected under California Civil Code § 47. You will be furnished a copy of your credit report under the California Consumer Credit Agencies Act and may opt to receive additional non-confidential information by checking this box . Your failure to exercise either option in no way voids or excuses any other legal obligation to inform you of the outcome of your background pursuant to either State law or court decision.

Your signature below attests that you have been informed that an Investigative Consumer Report has been requested, that you have been notified as to the name, address and telephone number of the I.C.R.A., the reason for this investigation, the nature and scope of this investigation, and your general rights under the law. You may access the complete sections of law at [www.legalinfo.ca.gov](http://www.legalinfo.ca.gov).

Signature of  
Consumer/Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**CITY OF MARTINEZ  
POLICE DEPARTMENT**

**Advisement**

This agency intends to use information assembled, analyzed and transmitted by an Investigative Consumer Reporting Agency to complete a pre-employment background investigation. Pursuant to California Civil Code § 1786.16, you are hereby informed that this agency is:

Walkup Investigations  
607 Elmira Rd. #225  
Vacaville, CA 95687  
(707) 689-7162

Furthermore, we are also advising you that this report will contain information concerning your character, general reputation, personal characteristics, and mode of living, as required either by California Law (Code of Regulations Title 11, Division 2, Article 1, Sections 1002(a) and 1018(c), Penal Code § 13511.5, 13601) or in response to our established policies.

California Civil Code § 1786.22 also permits you to request the inspection of any records or database information permanently maintained by this I.C.R.A., which we have been assured that such information consists of your legal name, associated names, identifying data, the name of our agency, the position for which you have applied, and the date their report was transmitted to us.

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Signature of  
Consumer/Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**CITY OF MARTINEZ**  
**POLICE DEPARTMENT**  
**PRE-EMPLOYMENT MEDICAL EVALUATION**  
**WAIVER OF CONFIDENTIALITY**

I understand that as an applicant for a position as a Police Officer with the Martinez Police Department, I must be in good physical condition, free of any physical ailments or conditions that may prevent me from performing all the duties of a Police Officer. These duties are mandated by section 830.1(A) of the California Penal Code, and the California Commission on Peace Officer Standards and Training.

I understand that before being considered for appointment as a Police Officer with the Martinez Police Department, I must be examined by a physician as authorized by the City of Martinez, and found to be free of any physical ailments which might adversely affect my ability as a Police Officer.

I also understand that it may be necessary for the City of Martinez, its officers, agents and assigns, to review any and all of my medical records, as to further evaluate my physical condition. I understand that this authorization releasing my medical records to the City of Martinez, as provided in this paragraph, will expire one year after the date signed.

I further understand that the results of my physical examination(s) and/or the contents of my medical records will be reviewed by personnel of the City of Martinez, for determination of the suitability of my physical condition for Peace Officer duties.

Therefore, I waive any privilege of confidentiality of "Physician-Patient Relationship," to the extent that the results of the examination hereinbefore described and any other medical records as may otherwise exist, may now or at any time within one year hereafter be released to the City of Martinez, its officers, agents and assigns, for the purpose of assessing my physical suitability for peace officer duties and specifically authorize such physicians, hospitals, their agents or employees to release such records.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_, STATE OF CALIFORNIA.

-----  
SIGNATURE OF APPLICANT      DATE

-----  
APPLICANT'S PRINTED NAME

**CITY OF MARTINEZ**  
**POLICE DEPARTMENT**  
**MOTOR VEHICLE**  
**FINANCIAL RESPONSIBILITY**

**CALIFORNIA VEHICLE CODE SECTION 16020:**

EVERY DRIVER OF, AND OWNER OF, A MOTOR VEHICLE SHALL, AT ALL TIMES, MAINTAIN IN FORCE ONE OF THE FOLLOWING FORMS OF FINANCIAL RESPONSIBILITY SPECIFIED IN SECTION 16021.

**CALIFORNIA VEHICLE CODE SECTION 16021:**

FINANCIAL RESPONSIBILITY OF THE DRIVER OR OWNER IS ESTABLISHED IF THE DRIVER OR OWNER OF THE VEHICLE INVOLVED IN AN ACCIDENT DESCRIBED IN SECTION 16000 IS:

- A. A SELF-INSURER UNDER THE PROVISIONS OF THIS DIVISION.
- B. AN INSURED OR OBLIGEE UNDER A FORM OF INSURANCE OR BOND WHICH COMPLIES WITH THE REQUIREMENTS OF THIS DIVISION AND WHICH COVERS THE DRIVE FOR THE VEHICLE INVOLVED IN THE ACCIDENT.
- C. THE UNITED STATES OF AMERICA, THIS STATE, ANY MUNICIPALITY OR SUBDIVISION THEREOF, OR THE LAWFUL AGENT THEREOF.
- D. A DEPOSITOR IN COMPLIANCE WITH SUBDIVISION (A) OR SECTION 16054.2
- E. IN COMPLIANCE WITH THE REQUIREMENTS AUTHORIZED BY THE DEPARTMENT BY ANY OTHER MANNER WHICH EFFECTUATES THE PURPOSES OF THIS CHAPTER.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE PROVISIONS OF THE ABOVE CALIFORNIA VEHICLE CODE SECTIONS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

**CITY OF MARTINEZ**  
**POLICE DEPARTMENT**  
**SECTION 1051 LABOR CODE WAIVER**

I, \_\_\_\_\_ am an applicant for a position with the Martinez Police Department. I am aware that a thorough and complete background investigation is going to be conducted to determine my suitability for this position.

I voluntarily submit to have my photograph taken as a part of the pre-employment background investigation. I understand it is important that the background investigator be able to properly identify me to the people he/she interviews. I understand my photograph will be used during the background investigation to ensure proper identification only and will become part of my background investigation file.

I hereby waive any implied or expressed rights provided to me under Section 1051 of the Labor Code, and any other statutory or case law concerning the prohibition of photographs as part of the pre-employment and background investigation process.

I certify that I have received a copy of this release and waiver.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

**CITY OF MARTINEZ  
POLICE DEPARTMENT**

**PRE-EMPLOYMENT PSYCHOLOGICAL EVALUATION  
WAIVER OF CONFIDENTIALITY**

I UNDERSTAND THAT BEFORE ANY PERSON IN CALIFORNIA MAY BE DECLARED BY LAW TO BE A PEACE OFFICER, THEY MUST BE FOUND, AFTER EXAMINATION BY A QUALIFIED PHYSICIAN OR PSYCHOLOGIST, TO BE FREE FROM ANY EMOTIONAL OR MENTAL CONDITION WHICH MIGHT ADVERSELY AFFECT THE EXERCISE OF PEACE OFFICER POWERS.

I UNDERSTAND THAT BEFORE BEING CONSIDERED FOR APPOINTMENT AS A POLICE OFFICER WITH THE MARTINEZ POLICE DEPARTMENT, I MUST BE EXAMINED BY A PHYSICIAN OR QUALIFIED PSYCHOLOGIST, AND BE FOUND TO BE FREE OF ANY EMOTIONAL OR MENTAL CONDITION WHICH MIGHT ADVERSELY AFFECT MY ABILITY AS A PEACE OFFICER. SUCH EXAMINATION OR EXAMINATIONS WILL INCLUDE, BUT NOT NECESSARILY BE LIMITED TO, THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI), THE CALIFORNIA PSYCHOLOGICAL INVENTORY POLICE EFFECTIVENESS INDEX AND NO LESS THAN ONE CLINICAL INTERVIEW WITH A PHYSICIAN OR QUALIFIED PSYCHOLOGIST.

I FURTHER UNDERSTAND THAT THE RESULTS OF MY PHYSICAL EXAMINATION OR EXAMINATIONS WILL BE REVIEWED BY PERSONNEL OF THE MARTINEZ POLICE DEPARTMENT, FOR DETERMINATION OF THE SUITABILITY OF MY MENTAL OR EMOTIONAL CONDITION FOR PEACE OFFICER DUTIES.

THEREFORE, I WAIVE ANY PRIVILEGE OF CONFIDENTIALITY OF "PHYSICIAN-PATIENT RELATIONSHIP," OR "PSYCHOTHERAPIST-PATIENT RELATIONSHIP," TO THE EXTENT THAT THE RESULTS OF THE EXAMINATION HEREINBEFORE DESCRIBED AND ANY OTHER MEDICAL RECORDS AS MAY OTHERWISE EXIST, MAY OR MAY NOT AT ANY FUTURE TIME BE RELEASED TO THE CITY OF MARTINEZ, THE MARTINEZ POLICE DEPARTMENT, ITS OFFICERS, AGENTS AND ASSIGNS, FOR THE PURPOSE OF ASSESSING MY EMOTIONAL AND MENTAL SUITABILITY FOR PEACE OFFICER DUTIES AND AUTHORIZE SUCH PHYSICIANS, PSYCHOLOGISTS, THEIR AGENTS OR EMPLOYEES TO RELEASE SUCH RECORDS.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, IN THE COUNTY OF \_\_\_\_\_,  
STATE OF CALIFORNIA.

-----  
SIGNATURE OF APPLICANT      DATE

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APPLICANT'S PRINTED NAME