

Gibsonville Police Department



129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926

APPLICATION FOR EMPLOYMENT CHECKLIST:

1. Authorization to Release Information form signed, dated, and notarized
(www.gibsonvillenc.org)
2. Town of Gibsonville Application for Employment; hardcopy and online applications accepted, last page must be signed (e-signature accepted) and dated.
(www.gibsonvillenc.org)
3. Form F-3 (Personal History Statement) completed, signed, and notarized.
(www.ncdoj.com)
4. Copy of Birth Certificate
5. Copy of High School Diploma or GED and or college transcripts, if applicable
6. Copy of DD214 (Veteran), if applicable
7. Copy of Driver's License
8. Copy of Social Security Card
9. Copy of Basic Law Enforcement Certificate and any other Law Enforcement Schools, including grades
10. Credit History

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Authority to Release Information

To Whom It May Concern:

I hereby authorize any authorized representative of the above-named agency or any agent acting for it, within one year of this date, to obtain any information in your files pertaining to my employment, military service, medical, credit, or educational records including, but not limited to, academic achievement, attendance, athletics, personal history, and disciplinary records, medical records, and credit records. This release is executed with full knowledge and understanding that the information is for the official use of the above agency to furnish such information as described above to third parties while fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, consumer reporting agency, or retail business establishment including its officers, employees, or 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 the authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
Signature

Full Name: _____
Type or Print Name

Date: _____

Current Address: _____

Telephone Number: _____

State: _____ County: _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public

My Commission Expires: _____

Ron Parrish
Chief of Police
rparrish@gibsonville.net

Becky Dixon
Assistant Chief of Police
rdixon@gibsonville.net