



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, have made application for membership position with the Summit County Sheriff's Office Search and Rescue, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. It is further my understanding that any history adversely reflecting on my qualifications for membership by such investigation may be cause for disqualification for appointment, or my dismissal upon the due consideration of the facts by the Sheriff's Office.

I hereby give to the Sheriff's Office, or duly authorized representative of the Sheriff's Office, the authority to conduct any comprehensive investigations of my background the Sheriff's Office deems necessary, including but not necessarily limited to, oral discussions with any persons concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part, thereof, concerning myself by/to any authorized representative of the Sheriff's Office, whether said records are public or private, including those which may be deemed to be a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to background, including but not necessarily limited to: (Please initial each record for which you are specifically granting releases)

- \_\_\_\_\_ (1) records of educational institutions;
- \_\_\_\_\_ (2) finance or credit institutions, commercial or retail mercantile establishments and public utility companies (*failure to release this records may prevent the applicant from receiving authority under Summit County's purchase and credit card policies*);
- \_\_\_\_\_ (3) records of medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, private practitioners;
- \_\_\_\_\_ (4) the U.S. Department of Veterans Affairs and generally all military service medical records and other records of all military facilities;
- \_\_\_\_\_ (5) employment and pre-employment records, including background investigation reports, the results of polygraph examinations, efficiency ratings, disciplinary records, complaints or grievances filed by or against me;
- \_\_\_\_\_ (6) criminal background checks for all states in which I have resided in the past ten years.

I hereby appoint any authorized representative designated by the Sheriff's Office as an authorized agent for me for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of the records discussed herein, I direct you to release such information to the bearer of the Authorization for Release of Information or a copy thereof. A copy



# SUMMIT COUNTY SHERIFF'S OFFICE

SHERIFF JUSTIN MARTINEZ

6300 JUSTICE CENTER ROAD PARK CITY, UTAH 84098 (435) 615-3600

of this release form will be valid as an original hereof, even though that copy does not contain an original writing of any signature.

The records received under this release shall be treated and classified as protected records according to Utah's Governmental Records Access Management Act (GRAMA) and shall not be released to any third parties except as specifically authorized under that act. I hereby release the custodian or custodians of such records, Summit County and its agencies, and the State of Utah, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind of nature which at any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance of said custodian or custodians with this Authorization of Release of Information and my request contained herein for this release or because of any use of these records by the Sheriff's Office, or the County of Summit or the State of Utah. This release is binding, now and in the future, on me my heirs, assigns, associates, personal representative or representatives of any nature.

Utah Code Annotated § 34-42-1 states in part that "an employer who in good faith provides information about the job performance, professional conduct, or evaluation of a former or current employee to a prospective employer of that employee, at the request of the prospective employer of that employee, may not be held civilly liable for the disclosure or the consequences of providing the information. There is a refutable presumption that an employer is acting in good faith when the employer provides information about the job performance, professional conduct, or evaluation of a former or current employee to a prospective employer of that employee, at the request of the prospective employer of that employee."

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Applicant's Signature

Date



# SUMMIT COUNTY SHERIFF'S OFFICE

SHERIFF JUSTIN MARTINEZ

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## SUMMIT COUNTY SEARCH AND RESCUE APPLICATION

Summit County considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**PLEASE TYPE OR PRINT CLEARLY IN INK.**

Date of Application

Date of Birth

Last Name		First Name		Middle Initial	
Address			City	State	Zip Code
Telephone Number			Social Security Number		
Home		Work			

Have you been or are you employed by Summit County?  Yes  No

Can you travel if required?  Yes  No

Have you been convicted of a crime in adult court, excluding traffic violations?  Yes  No

If you have been convicted of a crime (excluding minor traffic offenses) as an adult, attach additional sheets giving dates, type of conviction (misdemeanor or felony) details and penalties for each occurrence, including dates of any probational periods. Each conviction will be judged in relation to time, seriousness, circumstances and relationship to the position for which you are considered. You will be subject to a thorough background check.

Have you completed a high school degree or GED?  Yes  No

Have you completed NIMS IS 100.b Yes (If Yes please include a copy of certificate) This is REQUIRED.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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<b>Education</b> University, Community, Business or Technical College and city\state	Date Attended	Official Major	Degree Yes/No	Type Degree

Trade School, Correspondence Course or Apprenticeship and city/state	Date Attended	Subject/ Field	Course Completed	Type Certification

List any professional or trade licenses, certificates, and include copies.

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Specialized skills. Please check or list skills, computer programs and equipment operated:

PC                       ATV                       Snowmobile                       Swift Water Rescue  
 Spreadsheet                       Word Processing                       Equestrian                       EMT/Paramedic  
 Database                       GPS Navigation                       High Angle  
 Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

List your most recent job first. Please include military experience and volunteer activities.

Employer		Dates (Month/Year)
Address		From:
Telephone Number	Job Title	To:
Duties		
Reason for Leaving	Supervisor Name	Title
Employer		Dates (Month/Year)
Address		From:
Telephone Number	Job Title	To:
Duties		
Reason for Leaving	Supervisor Name	Title
Employer		Dates (Month/Year)
Address		From:
Telephone Number	Job Title	To:
Duties		
Reason for Leaving	Supervisor Name	Title
Employer		Dates (Month/Year)
Address		From:
Telephone Number	Job Title	To:
Duties		
Reason for Leaving	Supervisor Name	Title
Employer		Dates (Month/Year)
Address		From:
Telephone Number	Job Title	To:
Duties		
Reason for Leaving	Supervisor Name	Title

If you need additional space, please continue on a separate sheet of paper.

## References.

Please list three professional references.

1.	_____	_____
	(Name)	Telephone Number
2.	_____	_____
	(Address)	
	_____	_____
	(Name)	Telephone Number
3.	_____	_____
	(Address)	
	_____	_____
	(Name)	Telephone Number
	_____	_____
	(Address)	

### **READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT.**

"

I understand that Summit County is a drug free workplace.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please return this form to:  
Summit County Sheriff's Office  
Attention Lieutenant Siddoway  
6300 Justice Center Road  
Park City, UT 84098