

Release Authorizing Information Handling and Liability Discharge

(Must be Completed, Signed by Candidate, and Notarized Before Returning to Empco)

I, (print) _____, wish to enter the examination process to become a police officer. I am fully aware that several cities are part of a testing consortium and may conduct investigations into my background. The results of any check or action will become part of my file and will be available to personnel authorized to view my file in various cities as part of the decision-making process leading to possible employment.

I also understand that my name may appear on the Eligibility List for more than one city, some employ police officers under Michigan Act 78, others under local ordinances. Since each city's Eligibility List varies in length and criteria, I may not be at the same position on each city's List. Further, because each city may hire at a different rate, I understand that candidates will be hired in other cities who are actually below me. Having full knowledge of this process, I agree to participate in the testing process and to release, relieve, discharge forever, and hold harmless each participating city and Empco, Inc., from any and all claims, whatsoever, which might accrue or arise as a result of any injury or damage that I may sustain as a result of participating in the testing procedures or any other matters set forth in this paragraph.

Further, I acknowledge that Empco, Inc., is strictly an administrator of the testing process and not involved in the hiring decision. As such, I agree to release, relieve, discharge forever, and hold harmless Empco, Inc., in any action I may claim to have outside the examination process. I further understand that my name will be automatically removed from the Eligibility List of all participating cities when I accept employment with any one of the participating cities. In this circumstance, I can be reinstated by requesting Empco in writing to reinstate my name. City is defined in this Release as the municipalities and organizations who have signed a service agreement with Empco, Inc.

Date: _____

Print Name: _____

Signature: _____

Social Security Number: _____

In Presence of a Notary Public (STATE OF MICHIGAN) COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public _____ County, Michigan

My Commission expires: _____