

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, ALLEN SCHIEBK, do hereby authorize a review, full disclosure and release of all records, including but not limited to photocopies of records concerning myself to any duly authorized agent of the Elm Ridge Police Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of education institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the Elm Ridge Police Department to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the Elm Ridge Police Department from all liability for supplying any information concerning my employment to any potential employer. I authorize the Elm Ridge Police Department, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third-party sources. I realize I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the Elm Ridge Police Department at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the Elm Ridge Police Department. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Elm Ridge Police Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

*Allen Schiebk*

Applicant's Signature

STATE OF Texas

[Redacted]

Applicant's Address

[Redacted]

Date of Birth

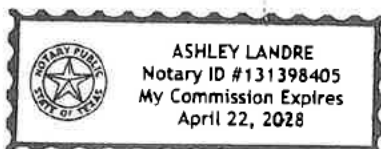
[Redacted]

Social Security Number

SWORN AND SUBSCRIBED BEFORE ME,

This 16<sup>th</sup> day of April, 2025.

NOTARY PUBLIC SEAL AND SIGNATURE



*Ashley Landre*