

**REGIONAL EMERGENCY DISPATCH CENTER
L.O.G.I.C.**

**5735 Wales Ave NW
Massillon, Ohio 44646
Office: (330)837-9346 Fax: (330)830-1737**

APPLICANT RELEASE

I, _____, DOB: _____

SSN: _____, and residing _____

_____, for the last _____ years, have applied for employment with the **R.E.D. Center**. I have been instructed and understand that a representative of the **L.O.G.I.C./R.E.D. Center** will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, the Director may be making inquiries of: officials and record offices at schools which I have attended, physicians or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms who may have information regarding my credit record and/or financial standing; present and previous employers; and other persons who may be able to provide information about me which the **R.E.D. Center** desires.

I hereby expressly release and waive all provisions of state and federal law which may forbid the disclosure of information from any physician or other person who has treated me, or any school official, court, police agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by the **R.E.D. Center**. I further consent that the Director of the **R.E.D. Center**, or his representative, be provided with a copy of any such record concerning me upon request.

I further release, discharge and exonerate the **R.E.D. Center**, its agents, officers, and representatives, and any person, agency company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the **R.E.D. Center**.

I understand that the Director of the **R.E.D. Center** will review my completed background investigation and determine my eligibility for appointment to the position of **Executive Director**. I recognize the right of the **R.E.D. Center** to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources, and information obtained therefrom.

Signature of Applicant

Date