



CITY OF PORTLAND, OREGON



Bureau of Police

Charlie Hales, Mayor
Lawrence P. O'Dea III, Chief of Police
1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000

Integrity • Compassion • Accountability • Respect • Excellence • Service

SWORN
RELEASE AND HOLD HARMLESS FOR
CONFIDENTIALITY OF PRE-EMPLOYMENT
BACKGROUND INVESTIGATION DATA

I fully recognize that under Oregon Law, individuals must clearly demonstrate their personal, medical, and moral fitness to serve in the position of a Police Officer, and the burden of proof of my fitness under Oregon Law falls upon me.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical and psychological fitness (see note), and that such an investigation will include contacting persons and/or organizations who have information relating to my suitability.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would otherwise not be privy.

Therefore, I exonerate, release and discharge the City of Portland, its Police Department, their officers, agents or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I hereby knowingly, voluntarily, and specifically, waive any rights I may have to examine, review, or to otherwise discover the contents of this investigation and all documents related thereto, whether by request, appeal, grievance, or by legal process.

Dated this _____ day of _____, 20__, in the City of _____, County of _____, State of _____.

Signature of Applicant

Printed name of Applicant

Signature of Notary

My commission expires on the _____ of _____, _____ My commission expires on the _____ of _____, _____ Day Month Year

IMPORTANT NOTE:

Pursuant to the Americans with Disabilities Act of 1990, the City [or Police Bureau] will not seek information concerning a candidate's medical and psychological fitness until and unless the candidate is given a conditional offer of employment

If you pass all other phases of the selection process for a police officer and you receive a conditional offer of employment, the City of Portland and its Police Bureau will require medical and psychological evaluations to determine your fitness to be a police officer prior to your placement on the final eligible list.

Community Policing: Making the Difference Together
An Equal Opportunity Employer

City Information Line: 503-823-4000, TTY (for hearing and speech impaired): 503-823-6868 Website: www.portlandpolice.com

