

**POLICIES AND PROCEDURES MANUAL: PERSONNEL  
FINGERPRINTING CONSENT FORM**



\_\_\_\_\_  
NAME

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
POSITION

I, \_\_\_\_\_, agree to cooperate and to be fingerprinted by the Taft Police Department before being employed by the City of Taft.

I hereby authorize any federal, state, or local law enforcement agency to furnish the City of Taft or its representative any and all information available regarding my identity and my arrest and conviction record, if any, subject to the restrictions of federal, state, and local legislation.

I further agree to truthfully answer all questions asked me, verbally or in writing, during the fingerprinting process.

A photocopy of this authorization shall be considered as effective as valid as the original.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
WITNESS