



**CITY OF HARRISONBURG**  
**POLICE**  
**DEPARTMENT**

**POLICE CHIEF KELLEY WARNER**  
101 NORTH MAIN STREET, HARRISONBURG, VA 22802  
OFFICE: (540) 437-2600  
FAX: (540) 437-2691  
WWW.HARRISONBURGVA.GOV/POLICE

**INVESTIGATION**

In the event Applicant is made aware that any information or document submitted as part of this application process is inaccurate or incomplete, the Applicant agrees to immediately notify the Harrisonburg Police Department and provide appropriate corrections. Applicant understands and agrees to provide such additional information and material, and that failure to do so may delay the processing of this application or result in its denial.

**CONFIDENTIAL EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE**

The undersigned, \_\_\_\_\_, hereby authorizes Harrisonburg Department Police to provide information about his or her employment to \_\_\_\_\_, Harrisonburg Virginia.

Information to be appropriately released may include:

- DMV record (must provide with application)
- National background check (must provide with application)

Any information acquired by \_\_\_\_\_ under this authorization shall be for their confidential use.

The undersigned Licensed Taxi Cab Driver, to the extent permitted by law, hereby releases The Harrisonburg Police Department from any and all liability resulting from the release of the aforesaid information. This Release covers all injuries, damages, and claims whether known or not and which may hereafter appear or develop, arising from the providing of such information as authorized above. Specifically, the undersigned agrees to release and hold harmless The Harrisonburg Police Department, its agents or employees from any and all claims resulting from or due to the release of the requested information arising under: State Civil Rights Statutes; breach of contract; interference with contractual relations; unintentional misrepresentation; defamation; any violation of a State or the Federal constitution; invasion of privacy; or any federal or state violation or cause of action including the undersigned's individual employment contract, whether currently in effect or previously in effect.

**CERTIFICATION**

(This statement must be signed)

**I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for the City of Harrisonburg not issuing a taxicab license or for revoking a license once it has been issued. I understand that I will be required to successfully complete a physical examination and a drug test. I understand that my driving record will be checked as well as a national background check.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE