



WAIVER OF LIABILITY AND RELEASE FORM FOR
BACKGROUND INVESTIGATION FOR
POLICE OFFICER APPLICANTS



I recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the capacity of a Police Officer. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them as a Police Officer will conform to the highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness and that such an investigation will include contacting persons and/or organizations that have information relating to my fitness. I also understand that those persons and/or organizations may feel intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand 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 otherwise would not be privy. I therefore understand that I will not be provided or have access to the information obtained in the course of this background investigation.

Therefore, I exonerate, release, and discharge the Kodiak Police Department, its Officers and Agents, and assign now and in the future from any claim of 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 a person or organization who may have supplied information in the course of this investigation, as well as their substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically and permanently waive any rights I may have to examine, review or otherwise discover the contents of this investigation and all documents related. I have had adequate time to review this form and I understand its meaning and purpose.

Applicant: _____ **Date:** _____

The above named individual appeared before me this date and having identified himself/herself, signed the above informed consent in my presence.

Date: _____

NOTARY PUBLIC

My commission expires _____

A PHOTOCOPY OF THIS FORM IS CONSIDERED AS VALID AS ORIGINAL