



Gilbert Police Department Background Investigation Release Waiver

**HIRING
SECTION**

I, _____, in order to permit the Gilbert Police Department to make a thorough investigation of my background, health, family, personal habits and reputation, for the purposes of determining my fitness and suitability for employment with the department, hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons or entities who shall furnish any information or opinions regarding my background, health, family, credit, personal habits or reputation. I hereby authorize any person or legal entity who may be contacted by the Gilbert Police Department officers, agents, or employees to release and transmit to such agents, or employees any information, data, or opinions they may have regarding my background, health, family personal habits and reputation. I hereby release from liability and promise to hold harmless from any liability any and all persons or entities contacted by the Gilbert Police Department, and I hereby waive any and all legal privileges I may have to maintain such information as confidential, including, but not limited to, the following privileges: attorney-client, physician-patient, psychotherapist-patient, clergyman-penitent, husband-wife, and accountant-client. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute.

I further agree to hold harmless and release from liability under any and all possible causes of legal action the Town of Gilbert, its police department their officers, agents, and employees for any statements, acts, or omissions in the course of the investigation into my background, health, family, personal habits and reputation.

I further realize that it is necessary for the Gilbert Police Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for employment with the Department, I expressly waive all my legal rights and causes of action to the extent that the Gilbert Police Department investigation (for purposes of evaluating my suitability or application for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the Town of Gilbert and its police department officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs and my personal representatives. I agree that the investigative background includes a polygraph examination which incorporates questions regarding personal habits and other background information.

I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Gilbert Police Department, realizing that such information must, of necessity, remain confidential.

Applicant Signature:	Date:
Signature of parent or guardian if under 18:	
NOTARY	
Sworn and Subscribed Before Me This	Day of _____, _____
State:	County:
Signature of Notary Public:	