

LATERAL HIRE APPLICATION – WAIVER AND RELEASE

I, _____, am making application to become a police officer for the Trotwood Police Department. I am currently employed as a _____ of and for the _____.

(Current Job Title) (Current Government Organization)

I fully understand that the Trotwood Police Department will perform a complete and thorough Background Investigation to ensure that I have the necessary skills, abilities and integrity to perform as a Police Officer of and for the Trotwood Police Department. I recognize and understand that this Background Investigation will include but not be limited to personal history (including credit history if deemed necessary), usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed inappropriate by the Trotwood Police Department. I also fully understand that information learned by the Trotwood Police Department may result in my not being hired.

Recognizing all of the above, I hereby give the Trotwood Police Department full and complete permission to use this information in making employment decisions and to also disclose the findings and results of this comprehensive background investigation to my current employer, _____.

(Current Government Organization)

I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution. I agree to release and hold the City of Trotwood, its employees, elected and appointed officials, and agents, including but not limited to members of the Trotwood Police Department harmless from any and all claims made by or on behalf of me as a result of this use and/or release of information.

I have signed this Waiver at the bottom of this page. I fully understand this waiver, and have been offered the opportunity to withdraw my application for employment with the Trotwood Police Department.

Current Employer

Address of Current Employer

Current Department Head

Phone Number of Department Head

Signed this _____ day of _____, 20____ at _____ PM / AM.

Applicant

Witness