

Personal Inquiry Waiver/Covenant not to Sue/Waiver to Release Certain Information

State of Texas §

Personal Inquiry Waiver

Covenant not to Sue

County of Williamson §

Waiver to Release Certain Information

I, _____, Applicant, hereby request and authorize, as a condition of employment, the Leander Police Department/City of Leander to conduct a "background" inquiry.

I further request and authorize you, the receiver of this instrument to furnish said department with any and all information said Department may request concerning my character, background, employment, military, credit, education or medical records and/or criminal records. This includes but is not limited to academic, attendance, athletics, personal history, disciplinary records, medical records and credit records whether the said records are of a public, private or confidential nature. This includes those that may be maintained in various computerized systems and information concerning my general reputation.

This instrument is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of any relative documents or copies of any relative data held electronically, if requested.

I hereby intentionally and voluntarily waive all confidentiality or privileged information rights concerning the foregoing and further, I release you, your organization and the Leander Police Department/City of Leander by this my covenant, from any liability that may be connected with requesting, releasing, disseminating, or use of any such information, or the results or inquiries, in determining my eligibility for employment as an employee of the Leander Police Department/City of Leander, Texas.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit and educations records concerning me in connection with this application. Should there be any question as the validity of this release, you may contact me as indicated below.

I hereby acknowledge that a facsimile (FAX) or (by any other method) a copy of this instrument may be used in the "background" inquiry process and further, that such a FAX or copy is as valid as the original notarized copy.

x _____

Applicant's Signature of AGREEMENT

_____/_____/_____-_____-_____

Applicant's Driver's License #

Applicant's Date of Birth

Applicant's Social Security #

Applicant's telephone number: _____

On this _____ day of _____, 20 __ , _____, herein referred to as "Applicant", personally appeared before me and stated the reasons for executing this instrument is for the same expressed reasons stated herein.

Notary Public

(seal)