

FRACKVILLE BOROUGH POLICE DEPARTMENT

42 SOUTH CENTER STREET
FRACKVILLE, PA 17931
570-874-0238

Kim Phillips, Mayor

Paul R. Olson, III, Chief of Police

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the Frackville Police Department and the Borough of Frackville, Pennsylvania, hereinafter referred to as the Agency, processing my application for employment, I, _____ hereby irrevocably agree to the following terms and conditions: *Full Name (typed or printed)*

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman-penitent privilege, the husband-wife privilege, and the accountant-client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

DO NOT SIGN BEFORE READING

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: _____ Signature of Applicant: _____
Date of birth: _____ SSN: _____
Driver's License Number and State: _____
Date: _____ Witnessed by: _____