County of Los Angeles
Sheriff's Department Headquarters
Pre-Employment Unit
211 West Temple Street
Los Angeles, California 90012
(213) 229-3100

Jim McDonnell, Sheriff

Dear Applicant,

Please have the enclosed waiver notarized at your own expense. The waiver <u>must be signed in the presence</u> of a notary public. Submit the notarized waiver with your application.

Thank you,

Pre-employment Investigations

County of Los Angeles
Sheriff's Department Headquarters
Pre-Employment Unit
211 West Temple Street
Los Angeles, California 90012
(213) 229-3100

Jim McDonnell, Sheriff

APPLICANT INFORMATION WAIVER

I have applied for employment with the Los Angeles County Sheriff's Department. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Sheriff's Department. This inquiry is required pursuant to California Government Code Section 1029 and 1031, and authorized pursuant to California Labor Code Section 432.7 (e). For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the Los Angeles County Sheriff's Department.

The following are examples of the types of information being requested:

Criminal Justice Arrest Records	Detentions, Field Citations	Field Interviews
Officer's Notebook notations	Jail and Custody Information	Booking Information
Traffic Citations	Traffic Accident Reports/Records	District Attorney Records
Court Records/Reports	Probation/Parole Reports/Records	Laboratory Reports/Results
Other Criminal Justice Records	Other Reports or Records	Employment Records
Performance Evaluations	Disciplinary Reports	Credit History
Polygraph Results	Medical Information	Psychological Evaluations
School Transcripts		

I authorize the Los Angeles County Sheriff's Department to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Sheriff's Department.
I also understand that if my background investigation for this position should uncover information that I have, or I am suspected of having or have been engaged in illegal activities that this information will likely bar me from further consideration for this position and it will be handed over the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

I further authorize the Pre-Employment Unit to discuss all the aspects of my background investigation and information related thereto with Los Angeles County Sheriff's Department members, as listed.

_____   _____
Member   Member

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

"I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested, including any liability pursuant to California Labor Code 1054, or any similar laws of other states or political entities."

_____   _____
Print Name   Social Security Number

_____   _____
Signature (Must be Notarized)   Date

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

> A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of _____)

On _____ before me, _____,

Date *Here Insert Name and Title of the Officer*

personally appeared _____

Name(s) of Signer(s)

_____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

Signature of Notary Public

Place Notary Seal Above

——————————————— **OPTIONAL** ———————————————

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

☐ Corporate Officer — Title(s): _____ ☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator

☐ Other: _____ ☐ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____