Town of Linn

Background Investigation Waiver And Liability Release

In consideration of the Town of Linn Police Department proces	ssing
my application for employment, I,	, do
hereby irrevocably agree to the following:	

- 1. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Town of Linn or any of its officers, agents or employees for any negligent or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
- 2. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity who furnishes information or opinions to the Town of Linn as a part of my background investigation.
- 3. I authorize any person or entity contacted by the Town of Linn during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
- 4. I understand the need for confidentiality of sources and information in my background investigation and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Town of Linn. This release applies to any cause of action of any nature that might accrue to me, my heirs and assigns or my personal representative.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Full name	Signature
Current Address	City State Zip
Birth Date	Social Security Number
Current Date	