Dear Applicant,

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

Thank you,

Pre-employment Investigations
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
- Officer’s Notebook notations
- Traffic Citations
- Court Records/Reports
- Other Criminal Justice Records
- Performance Evaluations
- Polygraph Results
- School Transcripts
- Detentions, Field Citations
- Jail and Custody Information
- Traffic Accident Reports/Records
- Probation/Parole Reports/Records
- Other Reports or Records
- Disciplinary Reports
- Medical Information
- Background Investigation Files
- Field Interviews
- Booking Information
- District Attorney Records
- Laboratory Reports/Results
- Employment Records
- Credit History
- Psychological Evaluations
- Job Application Files

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 to 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 twenty four (24) 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
CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of ________________________

On ________________________ before me, ________________________________

(Here insert name and title of the officer)

personally appeared _________________________________________________________________________

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 of Notary Public

(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

• State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
• Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
• The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
• Print the name(s) of document signer(s) who personally appear at the time of notarization.
• Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
• The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
• Signature of the notary public must match the signature on file with the office of the county clerk.
  • Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  • Indicate title or type of attached document, number of pages and date.
  • Indicate the capacity claimed by the signer (If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document.