



WESTPORT POLICE DEPARTMENT

740 N Montesano St Westport Washington 98595 · Emergency Dial 911 · Office (360) 268-9197 · Fax (360) 268-1363

Waiver to Permit Background Investigation

Applicant:

Last Name		First Name		Middle		Date of Birth	
Address						Social Security Number	
City		State	Zip	Home Phone		Work Phone	
Position Applied For				Date Waiver Signed			

I hereby authorize the Westport Police Department to conduct a complete background investigation into my complete history, including my former employment, together with any and all information concerning my personal ability, personal character, credit history, arrest record, traffic record, personal and professional references and other background information. *Initial:* _____

I hereby release any law enforcement agency, company, corporation, or individual from any and all liability for furnishing any information concerning my background in response to this investigation, including, but not limited to, prior testing scores, results of polygraph testing, results of psychological testing, results of drug testing and any other medical information that has potential relevance to the position for which I applied. I understand that I have the right under state and federal law to not disclose certain medical information and have made this waiver freely and voluntarily. *Initial:* _____

I also understand and agree to submit to a polygraph (lie detector), drug screen, and physical examination when requested to do so as part of my background investigation. *Initial:* _____

Applicant Signature: _____ Date: _____

I hereby certify that there are no willful misrepresentations or falsification of statements and answers to questions in my application or in any documents relating to my background. *Initial:* _____

I am aware that should investigation disclose such misrepresentations and falsifications, my application will be immediately rejected and/or my employment immediately terminated. *Initial:* _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Signature: _____ Date: _____