



# Pennington County Sheriff's Office

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Brian Mueller  
Sheriff

## Release of Information Waiver Pre-Employment Background Investigation

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Having made application to the Pennington County Sheriff's Office (PCSO) for a position of public safety, I hereby authorize for one year from the date of execution release, review and full disclosure of all records, or any part, concerning myself to the PCSO.

### Information you are Releasing

I consent to the release of all public and private information concerning me, my work record, background, military services records, educational records, financial status, civil litigation or penalties, criminal history records, investigator files, performance ratings, complaints or grievance filed against me, and internal affairs investigations or discipline including any files which are deemed to be confidential or sealed. This will include police reports or other polices records in which I may be named for any reason, including files that are deemed to be juvenile and confidential.

### Who it May be Shared With

I hereby grant the PCSO to furnish the information described above to third parties including but not limited to the appropriate law enforcement agencies or authorities, in the course of fulfilling its official responsibilities. I understand this may include sharing the records or information with other criminal justice agencies which may impact current and future employment.

I hereby acknowledge and agree that I waive any right or opportunity to read or review any of the information provided in response to this investigation. I also waive any right or opportunity to read or review any background investigation report prepared by the PCSO outside of what is required under the Fair Credit Reporting Act.

### Liability Statement

I release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage according to any state or federal laws. I release you, as the custodian of the records, from all liability for damages of whatever kind which may result to me, my heirs, family or associates because of compliance with this authorization and request of release information or any attempt to comply with it.

In consideration of the PCSO's acceptance and processing of my application for employment, I agree to hold PCSO, its agents and employees harmless from all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with PCSO. I further agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this requires.

Signature \_\_\_\_\_

Date: \_\_\_\_\_