

WAIVER

I, \_\_\_\_\_, do hereby authorize the Ross County Sheriff's Office or any of its agents, servants or designees to conduct a full background check into my past activities to determine my fitness to serve in the capacity as an employee of the Ross County Sheriff's Office. I authorize the Federal Bureau of Investigations, the Ohio Bureau of Identifications and Investigations, the Ohio Bureau of Motor Vehicles, the Ross County Sheriff's Office, the Chillicothe Police and any other outside law enforcement agencies to release records and information to the Ross County Sheriff.

I authorize the Ross County Sheriff's Office to conduct interviews with any persons, relatives, associates, former associates, employers, ex-employers, psychiatrists, physicians, ex-physicians, etc., for this background check. I specifically authorize any of these persons to allow the Ross County Sheriff's Office or his agents to inspect, copy and or obtain any and all records in their possession which they may request and to which I would be personally entitled that pertain to my work history, physical conditions and other appropriate records of employment. Also, I hereby stipulate that the Ross County Sheriff's Office or designee may substitute a photo static copy for the original of this authorization.

I also authorize the release of pertinent records including birth certificates, operator's license, diplomas, degrees or certificates that verify educational achievements and all documents pertaining to military service and also naturalization documents. I hereby authorize the use of my date of birth as an identifier for the purposes of this background investigation.

NOTICE: The date of birth herein requested will play no part in the selection process and is requested only because various crime computers utilize D.O.B.'s as a method of identification.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date