

# ADULT – OVER 18

## ALBUQUERQUE POLICE DEPARTMENT BACKGROUND INVESTIGATION WAIVER AND LIABILITY RELEASE FORM

In consideration of the Agency, Albuquerque Police Department, processing my application for employment, I, \_\_\_\_\_, hereby irrevocably to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that a background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Agency, in its sole discretion, may deem appropriate, including: criminal or other Governmental files and records, past and present employers, and any other source of information available.
3. I hereby release from liability and agree to hold harmless; under any and all possible Causes of legal action, including negligence, the City of Albuquerque, Bernalillo County, the Albuquerque Police Department Identification Unit, the Agency and 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.
4. I hereby release from liability and agree to hold harmless under any possible cause of Legal action, including negligence, any person or entity which furnishes information or opinions to the Agency as a part of my background investigation.
5. I authorize any person or entity contacted by the Agency 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.
6. I understand the need for confidentiality of sources and information in my background investigation and I expressly agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Agency.

This release applies to any cause of action of any nature that might accrue to myself.

_____ Signature of Applicant	_____ Date of Birth	_____ Social Security
_____ Street Address		
_____ City/Town    State    Zip	_____ Date	