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SANTA FE COUNTY SHERIFF'S OFFICE

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SANTA FE COUNTY SHERIFF'S OFFICE
PERSONNEL AND RECRUITING
BACKGROUND INVESTIGATION DISCOVERY WAIVER

I,_____, fully recognize that individuals must clearly demonstrate their personal, medical, physical, and psychological fitness to serve in the position of Deputy Sheriff. I further recognize that Santa Fe County has a legal as well as an ethical obligation to make every reasonable effort to ensure that persons employed by the County as public safety officers conform to the very highest standards.

To that end, I recognize that the Santa Fe County Sheriff's Office will conduct an extensive investigation into all aspects of my background, and that such investigation will include contacting persons and/or organizations that may have information relating to my fitness to serve as a Deputy Sheriff. I further understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reluctant to furnish legitimate information concerning me if the confidentiality of their / its information cannot be guaranteed on a permanent basis.

For these reasons, I understand that if I am not chosen for employment as a Deputy Sheriff, I will only be told that I did not meet the desired profile of a Santa Fe County Deputy Sheriff at this time.

Therefore, I release and hold harmless the County of Santa Fe, its Sheriff's Office, officers, agents, or assignees, now and in the future, from any claims or damages in law or in equity on behalf of myself, my heirs and assignees, for its/their refusal to make available to me or others any and all information obtained as a result of any pre-employment background investigation, including, but not limited to, the identities of any person(s) and/or organization(s) that may have supplied information in the course of this investigation, as well as the substance of any information supplied. I hereby waive any right I may have, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents.

_____
Applicant's Signature

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANTA FE)

Subscribed and sworn to before me by;
_____ on this _____ day of _____,_____
(applicant's name) (day) (Month) (Year)

_____
Notary Public (signature) (print)

_____
My Commission Expires