

## LETTER OF UNDERSTANDING

I am applying for a position with the Omak Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which consists of the following areas of concern at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough Examination of prior employment
- Examination of my personal credit/ financial report

The Chief of Police will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may at this point receive a **conditional offer** of employment, which will be followed by completion of some or all the following tests, depending upon the position being sought:

- Polygraph examination
- Drug Screening test
- Standard medical examination
- Hearing test
- Psychological evaluation
- Physical abilities test

The aforementioned tests will be administered in a manner selected by the Omak Police Department. I understand that the results of the tests are the property of the agency to which I have applied and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

The Chief of Police will then evaluate any new tests in light of the requirements of the job along with the previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Omak Police Department, only that I will be considered for positions as they become available pursuant to established rules and regulations of the Omak Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the City of Omak.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**Notary Public in and for the State of \_\_\_\_\_**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Printed**

**Commission Expires \_\_\_\_\_**

## Pre-Employment Investigation Discovery Waiver

As an applicant to the Omak Police Department for the position of Code Enforcement/Animal Control Officer, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the City of Omak, the Omak Police Department and their officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

**I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**Notary Public in and for the State of \_\_\_\_\_**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Printed**

**Commission Expires \_\_\_\_\_**

## Authorization to Release Information

Name of Applicant \_\_\_\_\_  
Please print your full name

Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_

As an applicant for a position with the Omak Police Department I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Omak Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**Notary Public in and for the State of \_\_\_\_\_**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Printed**

**Commission Expires \_\_\_\_\_**

## Child Support Declaration

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

\_\_\_\_ I am subject to a court order for the support of one or more children and I am **NOT** in compliance with the order or a plan approved by the District Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's Social Security number: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND SWORN** to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**Notary Public in and for the State of** \_\_\_\_\_

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Printed**

**Commission Expires** \_\_\_\_\_

# CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Omak Police Department in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any mis-statement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**SUBSCRIBED AND SWORN to me before the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

**Notary Public in and for the State of \_\_\_\_\_**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Printed**

**Commission Expires** \_\_\_\_\_