

Last Name	First	Middle	Personnel use-Reviewed by	Date of Application
Street Address			Type (s) of work desired	E-mail Address
City	State	Zip Code		Telephone Numbers Home: Work:

# Application for Employment Powell Police

Powell Police  
250 North Clark Street  
Powell, WY 82435  
307-754-2212

**Please read carefully and personally complete.**

**Provide all information requested.** If the information requested does not apply put "N/A" or "-" in the space provided.

## An Equal Opportunity Employer

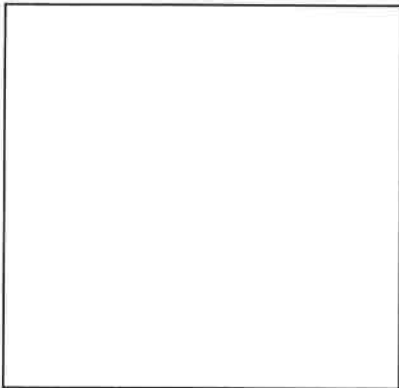
The City of Powell is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran.

**Failure to properly complete the application as requested may result in the application being rejected.**

I learned of this opening through (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Police Teletype     | <input type="checkbox"/> WY Academy or P.O.S.T. |
| <input type="checkbox"/> Word of Mouth       | <input type="checkbox"/> Newspaper Ad _____     |
| <input type="checkbox"/> Internet Site       | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Job Service Listing |   |

**(2 x 2) Picture attach here**



The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Powell Police or other law enforcement agency in possession of a notarized waiver signed by you.

**One exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.**

**City of Powell use only:**

Meets minimum requirements to apply for desired position (s)

Yes Comment \_\_\_\_\_  No Comment \_\_\_\_\_

Application complete? Yes \_\_\_\_\_ No \_\_\_\_\_ Comment \_\_\_\_\_

**City of Powell, Wyoming**

## Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status.)

Professional memberships, certificates, or licenses held--

Past and present civic or cultural activities--include offices held--

Principal hobbies--

## Special Skills

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No    Words per minute _____	Firearms Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Firearms
Computer Skills <input type="checkbox"/> Hardware <input type="checkbox"/> Word Processing <input type="checkbox"/> Software		

Please list other skills and/or languages you have acquired. Do not include educational background--space is provided elsewhere in this application for same.


If more space is needed for any part of this questionnaire use an additional sheet of paper labeled for that specific area. Please use the same format as used in the questionnaire.

# POWELL POLICE APPLICATION AND PERSONAL HISTORY STATEMENT

Date \_\_\_\_\_

## Position

Position applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If so, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are you related to any current City of Powell Employee(s)? \_\_\_\_\_ If yes, please provide the employee's name and nature of the relationship \_\_\_\_\_

## Personal

The following information is requested of you for verification and contact purposes: **COMPLETE ALL ITEMS**

Name Last	First	Middle
Other names (including nicknames) you have been known by:		

Please list address at which you can be contacted.

Number	Street	City	State	Zip Code
--------	--------	------	-------	----------

Please list the local telephone number(s) at which you can be contacted, and the hours which you can be reached.

--

Birthdate

Month	Day	Year
-------	-----	------

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for \_\_\_\_\_ identification purposes to ensure that proper records are obtained.)

For purposes of identification, please provide the following:

Height	Weight	Hair Color	Eye Color
Scars, tattoos, or other distinguishing marks			

## Relatives, References, Acquaintances

During the course of the background investigation, persons who know you may be asked to comment upon your suitability for the position for which you are applying. Inquiries will be confined to job related matters.

If living, name your:	Telephone Number	Address where person can be contacted (including City, State and Zip Code)
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former spouse(s)		
Brother(s)		
Sister(s)		

**Relatives, References, Acquaintances (continued)**

Name	Telephone	Address where person can be contacted (Include City, State and Zip Code)
Brothers/Sisters continued		
Step-mother		
Step-father		
Step-brother(s)/sister(s)		

Other relatives with whom you have a close personal relationship (including children)

Relationship		

Below, please list those individuals with whom you have resided during the last 10 years (listing no information prior to your 15th birthday). Exclude family members.


Please include any references, not listed elsewhere in this application, who have knowledge of your qualifications. Exclude relatives and former employers.

Name	Telephone	Address where person can be contacted (Include City, State and Zip Code)

# Education

Please indicate your current situation with regard to completion of high school or GED

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I passed the GED (General Education Development) test.

\_\_\_\_\_ I possess other equivalent. Explain \_\_\_\_\_

\_\_\_\_\_ I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows: \_\_\_\_\_

When: \_\_\_\_\_

How: \_\_\_\_\_

Please indicate below all high schools, and post-secondary schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts. If more room is needed, use an additional sheet of paper labeled "Education Continued".

Name of School Address (City, State)	School	Dates Attended		School References (Teachers, Counselors)
		To	From	

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools--any formal education beyond high school level.

Yes     No

If "yes", please explain (including school, date and circumstances).


## Residence

Individuals who have become acquainted with you by reason of your different locations are often helpful in providing useful information for the background investigation. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your current residence.

Address of Residence City, State, Zip	Dates		If rented, give name, address and phone number of person collecting the rent
	From	To	

## Experience and Employment

Beginning with your most recent employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity; i.e., full-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of Employment From                      To Mo ____ Yr ____    Mo ____ Yr ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		

Dates of Employment From                      To Mo ____ Yr ____    Mo ____ Yr ____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
	Telephone #	
	Title or Duties (for identification purposes)	
Reason for leaving:		

## Experience and Employment (continued)

<p>Dates of Employment</p> <p>From To</p> <p>Mo ____ Yr ____ Mo ____ Yr ____</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From To		

<p>Dates of Employment</p> <p>From To</p> <p>Mo ____ Yr ____ Mo ____ Yr ____</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	Name and Address of Employer	Name of Supervisor
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	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From To		

## Experience and Employment (continued)

Dates of Employment From _____ To _____ Mo _____ Yr _____ Mo _____ Yr _____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed _____ From _____ To _____		

Dates of Employment From _____ To _____ Mo _____ Yr _____ Mo _____ Yr _____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed _____ From _____ To _____		

Dates of Employment From _____ To _____ Mo _____ Yr _____ Mo _____ Yr _____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed _____ From _____ To _____		

Dates of Employment From _____ To _____ Mo _____ Yr _____ Mo _____ Yr _____  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	
Reason for leaving:		
_____ Military Service _____ Not Employed _____ From _____ To _____		



## Experience and Employment (continued)

Would any problem result if your present employer was contacted during the course of the background investigation?

Yes  No

If "no" when should contact be made?

If you have had no prior employment, explain in the space below.

Have you ever received an unsatisfactory performance evaluation? If yes, give details (employer, supervisor, nature of incident, date, persons involved).

Yes  No

Have you ever received disciplinary action, been fired or asked to resign, or ever quit a job rather than get fired? If yes, give details (employer, supervisor, nature of incident, date, persons involved).

Yes  No

Have you ever been a successful or unsuccessful candidate for any position with a law enforcement agency? If yes, give details (include when, name of agency, circumstances, including reason for disqualification).

Yes  No

## Military Service

Have you ever served or trained in the armed forces, National Guard or Military reserves? If "yes" supply the following information:

Yes  No

Branch of Service	Service Number	Dates of Service	Type of Discharge
		From	To

List current and past draft classifications in chronological order beginning with the most recent.

Are you currently participating in any military reserve or National Guard program?

Yes  No

Have you ever been subject to any judicial or non-judicial disciplinary action while in the military, National Guard or Military reserves? If "yes" give details (include branch of service, when, where & circumstances)

Yes  No

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. List those individuals who know you well enough to provide accurate information about you.

Name and Address	Telephone	From	To

## Financial

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations. Please be complete and accurate.

Please supply information about your charge accounts, contracts or other financial liabilities.

Name of Firm	Address	Telephone Number	Account Number

Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including date, location and circumstances. \_\_\_\_\_

Have any of your bills been turned over to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including date, location and circumstances. \_\_\_\_\_

Have you ever had items you purchased repossessed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including date, location and circumstances. \_\_\_\_\_

Have your wages ever been garnished? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including date, location and circumstances. \_\_\_\_\_

Have you ever been delinquent on income or other tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including date, type of taxes and circumstances. \_\_\_\_\_

Has credit ever been denied to you or cancelled on you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details. \_\_\_\_\_

## Personal Character Background

The issue of character is essential to the successful performance of a police officer's job. Your overall reputation regarding character must be beyond reproach in order that you may accomplish job related tasks.

If you have ever been charged, arrested or convicted for any crime (excluding traffic citations), give the following information: (Include any DWUI or DWUS arrests.)

Approximate Date	Name of Law Enforcement Agency	Circumstances

Have you ever been placed on court probation as an adult? Yes  No  If "yes", give details (include when, where, why).


Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes  No  If "yes", give details (include when, where, why).


Have you ever been convicted of any misdemeanor or felony assault/battery against any household member?

Yes  No  If "yes", give details (include when, where, why).


Have you ever been reported to a Law Enforcement Agency as a missing person or a runaway? Yes  No  If "yes", give details (include when, where, name and location of court, circumstances).


Are you now or have you ever been involved as a plaintiff or defendant in a civil court action? Yes  No  If "yes", give details (include when, where, name of court, and circumstances).


**Personal Character Background (continued)**

List all E-mail addresses you use:


List all News Groups or other groups you subscribe to and how to access these groups:


List all personal web pages and the web address:


List all social networking sites you have information posted on and how to access these pages:


List all 'IM' type chats you participate in, screen names used and how to access these chat rooms:


List all blogs you regularly post comments to and how to access them:


List any other place on the www where you have posted information, photos or videos about yourself or you have posted comments. Include how to access this information:


## Personal Character Background (continued)

How many times in the last year, have you been intoxicated to the point that you felt you should not drive a vehicle?


How many times in the last year, have you missed work/school due to intoxication?


How many times in the last year, have you drank alcohol at work?


Have you ever sold any type of illegal drug? Yes  No

Have you possessed illegal drugs within the past 5 years? Yes  No

If yes, explain: \_\_\_\_\_

Have you used any type of illegal drug within the past 5 years? Yes  No

If yes, type of drug: \_\_\_\_\_

Have you used any type of illegal drug within the past 3 years? Yes  No

If yes, type of drug: \_\_\_\_\_

Have you used any type of illegal drug within the past 1 year? Yes  No

Name/Type of Drug Used	Dates		Total Times Used
	From: (Month/Yr)	To: (Month/Yr)	
Marijuana			
Cocaine			
Methamphetamine			
LSD or other Hallucinogens			
Heroin or other Opiates			
Barbiturates			
Pharmaceuticals not prescribed to you			
Steroids			
Any other illegal drug not listed above			

List all crimes (detected and undetected) that you have been involved in:


## Personal Character Background (continued)

Have you ever taken any property/money from an employer or place of business? Yes  No


Have you ever been known by any other last name? If yes, list all names used in the past? Yes  No

If yes, list all names used in the past, locations and circumstances (i.e., divorce, adoption, legal name changes, ect.)

Name	Address	Circumstances	From	To

## Motor Vehicle Operation

Current Driver's License Number	State	Expiration Date

Name under which license was granted:

List other states where you have been licensed to operate a motor vehicle.

State	Name under which license was granted:

Have you ever been refused a driver's license by any state? Yes  No

If "yes", explain (include when, where, why).


Wyoming law requires that operators and owners of motor vehicles be covered by liability insurance. List the current liability insurance you have.

Company	Address	Policy Number	Expiration Date

List all traffic citations (excluding parking citations) you have received within the last 7 years.

Nature of violation	Location (City)	Approximate Date	Indicate whether fine taken on driver's license

# Motor Vehicle Operation (continued)

## Accident Details

Have you ever been involved as a driver in a motor vehicle accident within the last 7 year? Yes  No

If "yes", give details for each accident.

Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency _____			
Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency _____			
Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency _____			
Date	Location	Injury <input type="checkbox"/>	Non-Injury <input type="checkbox"/>
Did Police investigate? Yes _____ No _____ Police Agency _____			

Have you ever been involved in an accident and then left the scene without identifying yourself? Yes  No

Have you ever been involved in an accident that you were required by law to report and didn't? Yes  No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage or ingested any controlled substance? Yes  No

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes  No

Have you ever had a hearing for probation/suspension? Yes  No

If there is anything you wish to discuss about your driving record, use the space below.


Has your license ever been suspended, revoked or placed on negligent operator probation? Yes  No

If "yes", give details (what, when, where and why).


## General Information

Have you ever been refused insurance for any reason other than failure to pay a premium? Yes  No

If "yes" explain (include company name and address and reason).


Have you ever applied for a permit to carry a concealed weapon? Yes  No

If "yes", provide the following information:

Permit granted? Yes  No  Date \_\_\_\_\_

Name of Law Enforcement Agency \_\_\_\_\_

Purpose \_\_\_\_\_

Have you ever been de-certified as a Peace Officer, Detention Officer or Law Enforcement Dispatcher? Yes  No

If "yes", please provide the following information:

Date	Law Enforcement Agency	Purpose

How have you prepared yourself to be an employee of the City of Powell?


Why is becoming an employee with the Powell Police Department important to you?


Are there any incidents or circumstances in your life not included herein which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes  No

If "yes", please explain.




**Applicants MUST ATTACH the following documentation:**

- Resume
- State Issued Birth Certificate
- Driver's License
- High School Diploma or GED
- Military discharge Long Form DD214 (If applicable)
- Citizenship Papers (If applicable)
- College Diplomas
- Training Certificates
- Current Photo at least 2" X 2"
- Documentation that you are POST certifiable. (If applicable)
  - I. Current POST certification
  - II. POST certification expired less than 5 years
  - III. Current POST certification from another state
  - IV. WLEA graduate of Pre-Service Basic Academy
- Authorization to Release Information
- Doctor Certification Statement
- Signed Application Form

**Read Before You Sign!**

The facts set forth in my application for employment are true and complete and I certify that this application was personally complete by me. I understand that if employed, any false statement on this application may result in my dismissal, or if during hiring process, disqualification. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides not to employ me. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.

In making this application for employment, I authorize an investigative report whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry, if made, may include information as to my character, personal characteristics and mode of living.

\_\_\_\_\_  
**Signature in full**

\_\_\_\_\_  
**Date completed**

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

**My commission expires \_\_\_\_\_**

**Seal**

# ***Powell Police***

***Roy S. Eckerdt, Chief of Police***

250 North Clark Street \* Powell, Wyoming 82435  
(307) 754-2212 \* Fax (307) 754-2214

## **AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

### **TO WHOM IT MAY CONCERN:**

I am an applicant for a position with the City of Powell, Wyoming, Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the above department.

I hereby authorize any representative of the City of Powell, Wyoming, Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Powell, Wyoming, Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Powell, Wyoming, Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in this case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Powell, Wyoming, Police Department regardless of any agreement I may have made with you

***"In Pursuit of Justice, Peace, and Order."***



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 County/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 County/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: \_\_\_\_\_

\_\_\_\_\_  
Applicant's name (printed)

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

\_\_\_\_\_  
Date

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission Expires: \_\_\_\_\_

**Powell Police Pre-Employment Investigation Discovery Waiver**

As an applicant to the Powell Police for the position of \_\_\_\_\_,  
I recognize that an employing law enforcement agency has a legal, as well as a moral  
obligation, to make 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 Powell Police and their officers, agents, or  
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 before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_