



**FERRY COUNTY  
SHERIFF**

POST OFFICE BOX 1099  
REPUBLIC, WASHINGTON 99166-1099  
(509) 775-3132 OR 800-342-4344 FAX (509) 775-2127

**PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER**

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

Date of Birth \_\_\_\_\_

As an applicant to the Ferry County Sheriff's Office for the position of \_\_\_\_\_, 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 of standards.

Therefore, I release and hold harmless the Ferry County Sheriff's Office, 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.**

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

Signed or attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public in and for said County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Appointment Expires \_\_\_\_\_