

WAIVER AND ACKNOWLEDGEMENT

- I. I hereby agree to waive any objection or right I may have with respect to:
 - A. Access to any personal information the Dorchester County Sheriff's Office may seek with respect to my potential employment as a Deputy Sheriff, Detention Officer, or Dispatcher.
 - B. Any personal information acquired in reference to myself by the Dorchester County Sheriff's office from any agency, person or entity with respect to my qualifications and fitness as a Deputy Sheriff, Detention Officer, or Dispatcher to include, but not limited to, the following:
 - 1. Criminal History Information
 - 2. Previous Employment Information
 - 3. Credit History Information
 - 4. Medical Information
 - C. Information of a confidential or privileged nature.
- II. I hereby release you, your organization, the County of Dorchester, and others from any liability or damage that may result from furnishing information requested.
- III. I hereby declare that I have read and fully understand the foregoing information, which is complete, true, and correct to the best of my knowledge.

Date

Signature

***Please have this document notarized.**

Print Name

SWORN to and subscribed before me this
_____ day of _____ 20____.

Notary Public for South Carolina

My commission expires: _____