

**Town Of Somers
Background Investigations
Waiver and Liability Release**

In consideration of the Town of Somers, Wisconsin processing my application for employment, I, _____ do hereby irrevocably agree to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Town of Somers, in its sole discretion, may deem appropriate, including: military, criminal, driving or other governmental files and records; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Town of Somers or any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinions to the Town of Somers as part of my background investigation.
5. I authorize any person or entity contacted by the Town of Somers, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Town of Somers. This release applies to any cause of action of any nature that might accrue to myself, my heirs and assigns or my personal representative.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Full Name	Date of Birth
Current Address	Social Security Number
City State Zip	Drivers License Number
Signature	Date