



SHERIDAN COUNTY SHERIFF

100 WEST LAUREL AVENUE
PLENTYWOOD, MONTANA 59254
(406) 765-1200
(406) 765-3552 fax

ACKNOWLEDGMENT AND RELEASE OF LIABILITY

I certify that the answers given herein are complete, true and correct. I hereby authorize agents of the Sheridan County Sheriff to make such inquiries and investigations of my personal, financial, medical, military, and personal histories, and of any other matters as may be necessary in arriving at an employment decision. I understand that negative information received by agents of the Sheridan County Sheriff's Office as a result of this investigation may be utilized as cause for my rejection as an applicant for a position with the Sheridan County Sheriff's Office. I hereby release all employers, schools, physicians, law enforcement agencies, military organizations, and any other person or person from any and all liability in responding to inquiries in connection with any application for employment with the Sheridan County Sheriff's Office.

In the event of my employment, I understand that false, incomplete, or misleading information given in my application during any interview or interviews may result in my termination. I also understand and agree to abide by all rules and regulations of the County of Sheridan, Montana and the Sheridan County Sheriff's Office.

Signature: _____
Print Name: _____
Date of Birth: _____
Social Security Number: _____

State of _____)
County of _____)

The foregoing instrument was acknowledged before me by _____ this _____ day of _____, 20__.

Witness by hand and official seal:

Notary Signature: _____
Notary Public for the state of: _____
Residing at: _____
My Commission Expires: _____