



SHANNON D. DICUS, SHERIFF-CORONER

NO FEEDBACK WAIVER

PLEASE READ CAREFULLY. BY SIGNING THIS WAIVER, YOU ARE GIVING UP ANY AND ALL RIGHTS TO REVIEW THE BACKGROUND INFORMATION OBTAINED IN THIS INVESTIGATION.

APPLICANT'S NAME: _____

ADDRESS: _____

POSITION APPLIED FOR: _____

I understand that this background investigation is done for security purposes only. It is to assess qualifications for this specific position and is no way to be construed as intended for any other purpose.

I understand that I will be given **NO FEEDBACK** or results other than being notified of "Passing" or "Not Passing." Also, I acknowledge that the results of this investigation are **CONFIDENTIAL**, will remain the property of the San Bernardino County Sheriff's Department, and will not be made available to any other law enforcement agency or employer without a notarized Personal Information Wavier signed by me.

IF I AM NOT RECOMMENDED FOR THIS POSITION, I understand that this means only that I did not meet the standards established for the position in the agency to which I have applied.

Signature

Date