WAIVER

I hereby waive all rights and claims and release and exempt the members, employees, and agents of the Lebanon City Police Department, City of Lebanon, Lebanon School District, Lebanon Valley Family YMCA from any and all claims for injuries, accidents, sickness, death and damages sustained, whether to my person or my property, which may arise by reason of my presence upon the property or in any building, or jurisdiction of the Lebanon City Police Department, Lebanon School District, and/or Lebanon Valley Family YMCA, or any or all members, employees or agents of the aforementioned agency, whether such members are acting in their official capacity or in any individual capacity or within or without the scope of their employments.

I undertake to assume the risk of all dangerous conditions in or about the properties of the Lebanon City Police Department, the Lebanon Valley Family YMCA and/or the Lebanon School District which dangerous conditions I realize can, may and do exist, and thereby waive notice of the existence of any such dangerous conditions.

I represent that at the signing of this Waiver that I am of lawful age and legally competent to execute the same and before signing I have informed myself of its content, and execute it with full knowledge and understanding thereof.

Signature:_____

Date:_____

Sworn to and subscribed before me this _____day of 20_____

_____

Notary Public

My Commission expires:

PERSONAL WAIVER

APPLICANT'S NAME_____

DATE OF BIRTH_____

SOCIAL SECURITY NO._____

I authorize you to release to the Lebanon City Police Department any and all information you may have concerning my work record, school record, military record, criminal convictions, reputation and financial and credit status. This information is to be used to assist the Lebanon City Police Department in determining my qualifications and fitness for the position I am seeking with their department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

I certify that I have read and fully understand the foregoing statements:

APPLICANT SIGNATURE_____DATE_____

Do you want your current employer to know you are applying for this position? Yes___ No___

AFFIDAVIT

State of Pennsylvania
County of Lebanon

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence on month_____ day_____ year_____

Notary_____ My Commission expires on_____

CREDIT DISCLOSURE AUTHORIZATION

APPLICANT'S NAME_____

DATE OF BIRTH_____

SOCIAL SECURITY NO._____

Title 37 Pa. C.S.A. 203.11 establishes the minimum qualifications of a Municipal Police Officer in the Commonwealth of Pennsylvania. Section 203.11 (8) (ii) establishes that an applicant's employing police department shall conduct an investigation which shall include a check of the applicant's credit history.

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every consumer reporting agency (CRA). Your consent is required to authorize a CRA to provide information to a prospective employer. The information contained on the credit report will be used to assist the Lebanon City Police Department and the Civil Service Commission of the City of Lebanon in determining your qualifications and fitness for the position which you are seeking with the Lebanon City Police Department. Any adverse action taken against you as a result of the information from a CRA will require you to be informed of such adverse action and the name, address and telephone number of the CRA that provided the consumer report.

I hereby authorize the release of my credit history information to the Lebanon City Police Department and the Civil Service Commission of the City of Lebanon. I certify that I have read and fully understand the foregoing statements.

_____   _____
APPLICANT'S SIGNATURE   DATE