



GORDON GRAHAM'S SAMPLE WAIVER FOR LATERAL HIRES

The following document is provided as a guide for developing your agency's Waiver for Lateral Hires. *Note:* This material is for general informational and educational purposes only. The material is not intended to be and should not be considered legal advice or opinion. You should not act upon this material without first seeking legal counsel.

WAIVER FOR LATERAL HIRES

I (Insert Full Name of Applicant) am making application to become a (Insert Desired Job Title) of and for the (Insert Your Government Organization). I am currently employed as a (Insert Current Job Title) of and for the (Insert Current Government Organization).

I fully understand that the (Insert Your Government Organization) will perform a complete and thorough Background Investigation to ensure that I have the necessary skills, abilities and integrity to perform as a (Insert Desired Job Title) of and for (Insert Your Government Organization).

I recognize and understand that this Background Investigation will include but not be limited to personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed by (Insert Your Government Organization) to be essential for service as a (Insert Desired Job Title). I also fully understand that information learned by (Insert Your Government Organization) may result in my not being hired.

Recognizing all of the above, I hereby give the (Insert Your Government Organization) full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer, (Insert Current Government Organization). I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution.

I agree to hold (Insert Your Government Organization) harmless from any and all claims made by me as a result of this release of information.

I have initialed each of the above paragraphs and have signed this Waiver at the bottom of this page. I fully understand this waiver and have been offered the opportunity to withdraw my application for employment to the (Insert Your Government Organization).

Current Employer

Address of Current Employer

Current Department Head

Phone Number of Department Head

Signed this _____ of _____, 20XX at _____, _____
Day Month Year City State

Applicant Signature

Witness Signature