

ROANOKE COUNTY SHERIFF'S OFFICE

Waiver of Records Inspection

I understand that the County of Roanoke, Virginia and the Roanoke County Sheriff's Office will conduct a thorough investigation to determine my qualifications for the position of **Deputy Sheriff** and that, as part of this investigation, the Roanoke County Sheriff's Office will obtain opinions and evaluations of me from many individuals with whom I have had some association. I understand that the candid responses of such individuals are essential to an accurate determination by the County of Roanoke, Virginia and the Roanoke County Sheriff's Office of my qualifications for employment.

I further understand that the Code of Virginia (1950 as amended) Sections 2.1-340, 2.1-341, and 2.1-342 of the Virginia Freedom of Information Act provides, in relevant part, that "the following records are excluded . . . personnel records, except that such access shall not be denied to the person who is the subject thereof. . ."

I also understand that I have to answer **all** questions truthfully and to the best of my knowledge. Any false statement made by me during any interview by personnel of the Roanoke County Sheriff's Office can result in my application for employment not being considered by this agency.

I hereby expressly waive and release any special right of access I may now have, now or hereafter, under Sections 2.1-340, 2.1-341, and 2.1-342 of the Code of Virginia (1950 as amended) or any other statute or the common law to the statements of individuals contacted by the County of Roanoke, Virginia or the Roanoke County Sheriff's Office during its investigation or of any test results obtained during the application investigative process to determine my qualifications for employment.

Name: _____ SSN: _____

Given under my hand this _____ day of _____, 20_____.
(Handwritten signature)

Signature

Commonwealth of Virginia, County/City of _____:

Commission Expiration:

Notary Public:

RCSO-AF14a (2/00)