



Village of West Milwaukee Police Department



Dennis L. Nasci
Chief of Police

CONFIDENTIAL INFORMATION AGREEMENT FORM

I, the undersigned, hereby certify that I understand and agree that a thorough investigation will be conducted of my background to determine my qualifications and ability to serve as an employee with the West Milwaukee Police Department, West Milwaukee, Wisconsin. I further understand and agree that this information is confidential, and the department cannot reveal or release anything to me that is discovered during the course of this investigation, or cannot reveal to me the reason for my disqualification for employment with this department. Furthermore, I, hereby, agree to indemnify and hold harmless the Village of West Milwaukee and the West Milwaukee Police Department and any of its employees against liability, damage, and/or charge as a result of the findings of this investigation.

I voluntarily give the West Milwaukee Police Department the right to make a thorough investigation of my past employment and activities; agree to cooperate in such investigation; and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I have read the above statement and fully understand and agree to its contents.

Applicant's name (print) _____

Applicant's signature _____

Date of birth _____ Social security number _____ State _____