

AUTHORIZATION and RELEASE

As Required by RCW 43.43.834(1)

for

Background Check

I, the below signed, hereby AUTHORIZE Jefferson County to inquire into my driving, criminal and general employability history. I understand such inquiry is not limited to, but may include, a Washington State Patrol background check. I also understand the successful completion of a background check is a condition of my employment/volunteering with Jefferson County. Information obtained will not be released except to employees and officials of Jefferson County whose responsibilities require access to my personnel file or as I may additionally authorize in writing. Requests for copies of this form may be complied with.

I RELEASE and hold harmless Jefferson County and any person, acting pursuant to this Authorization and Release.

Print Name- First, Middle, Last

Date of Birth

Address

Washington State Drivers License

City State Zip

Social Security Number

Phone Number

Signature

Date

DISCLOSURE STATEMENT

Have you ever been convicted of a crime? Yes, list below No

WITNESS

I, the below signed employee of Jefferson County, acting in my official capacity, witnessed the above named individual sign this Authorization and Release.

Date

Signature

For Department Use Only

Paid Staff

Regular Employee

Clerk Hire

Volunteers

Recreation Programs