

AUTHORIZATION and RELEASE
As Required by RCW 43.43.834 (1)
for
Background Check

I, the undersigned, hereby AUTHORIZE Jefferson County to inquire into my driving, criminal and general employment history. I understand such inquiry is not limited to, but may include, a check of local, state, and national records. I also understand that the successful completion of the background check is a condition of my acceptance as an Emergency Worker with the Jefferson County Department of Emergency Management.

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.

Date of Birth: _____ Birthplace: _____

Washington State Driver License No.: _____

Social Security Number: _____

Print Name: _____ Signature: _____

WITNESS

The below signed employee/representative of Jefferson County, acting in my official capacity, witnesses the above individual sign this Authorization and Release.

Signature: _____ Date: _____