

NOTE: BE SURE A NOTARY PUBLIC NOTARIZES YOUR SIGNATURE

AUTHORIZATION TO RELEASE INFORMATION

I have applied to the Crook County _____ Office or Department, for the position of _____
_____. The potential employer requires a personal background investigation due to the nature of the
position.

I hereby authorize _____ (name of potential employer), herein after
referred to as the EMPLOYER, or any other person designated by the EMPLOYER to investigate my present and past record of
character and to ascertain any and all information which may concern my record and character, whether the same is of record or not.
This authorization includes, but is not limited to information, records, statements, and opinions pertaining to my employment, pre-
employment, military, financial credit, selective service, conviction, driving, or educational histories including, but not limited to
academic achievement, attendance, disciplinary records, background reports, polygraph results, efficiency ratings, any and all internal
affairs investigations, complaints or grievances filed by or against me, records of complaints of civil nature made by or against me,
information of a confidential or privileged nature, and the recollection of attorneys-at-law or other counsel representing or having
represented me. I further understand that statements will be solicited from past and present employers, acquaintances, spouses,
relatives, etc., and I waive any cause(s) of action against such interviews based on the content of their statements. I authorize the
EMPLOYER or any other or any other person designated by the EMPLOYER, to examine and obtain copies and abstracts of records
and documents.

The disclosure of this information will be used to assist the EMPLOYER in determining my suitability for employment with
the EMPLOYER. If unable to obtain the requested information, the EMPLOYER will not be able to complete a thorough background
investigation and may be unable to determine my suitability for employment.

This authorization or a copy of it, when presented by any means, in conjunction with an official request or in person by an officer or
authorized representative of the EMPLOYER or other designated person, is valid for one calendar year (365 days) from the date I
indicated below. This release is executed with full knowledge and understanding the information is for the official use of the
EMPLOYER

I hereby release all persons, organizations, corporations, or entities from any and all charges and liability for damages of
whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and
request to release information, or any attempt to comply with it.

TO THE PERSON RECEIVING THIS AUTHORIZATION:

Upon presentation of this release or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such
information and to release copies and abstracts to any officer or authorized representative of the EMPLOYER or any other person
designated by the EMPLOYER to conduct my background investigation.

TO BE COMPLETED BY APPLICANT

DATE: _____ PRINT FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

SIGNATURE: _____

OTHER NAMES USED (NICKNAMES, MAIDEN NAMES, ETC.) _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER _____

(The social security number will be used for identification purposes to ensure proper records are obtained. In accordance with the Federal Privacy Act of 1974,
disclosure of this number is voluntary.)

SUBSCRIBED AND SWORN TO IN MY PRESENCE, THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC AUTHORIZED TO ADMINISTER OATH

AN EQUAL OPPORTUNITY/AMERICANS WITH DISABILITIES ACT EMPLOYER