



AUTHORIZATION AND RELEASE

In connection with my application for employment with Washtenaw County, I understand that information may be requested as to my character, education, employment, including job performance and work habits, and other personal history. I further understand that you may be requesting information regarding my motor vehicle driving record history, workers' compensation claims, credit and criminal history, and other public records. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

I hereby authorize and release from all liability without reservation, Washtenaw County, and any Law Enforcement Agency, administrator, state/federal agency, institution, employers, prior to present, insurance company or person gathering or furnishing the above information.

A photographic or FAX copy of this authorization may be determined to be the equivalent of the original.

Name: _____ Other name(s): _____
Date of Birth: _____ Social Security #: _____
Driver's License #: _____
State Issued: _____
Current Address: _____ Previous Address: _____
Street 1: _____ Street 1: _____
Street 2: _____ Street 2: _____
City: _____ Previous City: _____
State: _____ Previous State: _____
Zip Code: _____ Previous Zip Code: _____

Signature: _____ Date: _____

Package A
Package B (requires HR authorization)
Package C (requires HR authorization)

Department: _____

Hiring Manager: _____

Hiring Manager Phone Number: _____

Senior Nutrition Program Site Staff: Fax the signed form to (734) 222-6531. Washtenaw County OCED needs to receive this document first for recordkeeping purposes.

Washtenaw County OCED Staff: Fax the signed form to Washtenaw County Sheriff Office– Special Investigations Unit (734) 973-4624