

**CONTRACTUAL AGREEMENT AND AUTHORIZATION
TO RELEASE INFORMATION**

Company Name: _____

Contractor Name: _____

I understand and agree to the following terms:

I hereby authorize Clatsop County to conduct an investigation of my background, including but not limited to, character, criminal and arrest/conviction history, past employment (including job performance and on-the-job behavior), education.

I understand that this document, signed by me, authorizes Clatsop County to gather information through interviews, questionnaires, employment records, education records, criminal records and any other records necessary to determine eligibility to provide on-call services for Clatsop County.

The recipient of a photocopy of this signed document is hereby authorized to divulge information concerning my character, criminal history, education, employment records, job performance; job behavior, or medical records which may include information specific to drug and/or alcohol and/or psychiatric treatment and to allow Clatsop County delegated representatives to examine such records.

In consideration of the release of information to Clatsop County by any third party in receipt of this authorization, I do hereby release said third party, its office, employees, agents and assignees from any and all claims for damages of any nature which I might have as a result of the release of information by the third party to Clatsop County. To the extent that I have previously directed said third party not to release certain information, I do now hereby withdraw that directive and consent without restriction to any release of information requested by Clatsop County.

I hereby release you, your organization, and others from any liability or damage, which may arise from furnishing information requested. I understand and agree that any information released to Clatsop County is done so in strictest confidence.

Signature:_____

Date:_____

Subscribed and sworn to before me this

_____ day of _____, _____.

Notary Public for the State of Oregon

My Commission Expires:_____

(Please complete following page –Application for Background Check)

CLATSOP COUNTY APPLICATION FOR BACKGROUND CHECK

1. First Name: _____ Middle Name: _____ Last Name: _____
2. Check One: Male _____ Female _____
3. What is your date of birth? _____
4. Place of Birth: _____
5. Are you a U.S. citizen? Yes _____ No _____
6. Your Social Security Number (optional): _____
7. Have you graduated from high school? Yes _____ No _____
8. Do you have a current driver's license? Yes _____ No _____
9. Driver License Number and State: _____
10. Any other names used (A.K.A.'s): _____
11. Please list all traffic violations* and misdemeanors within the last seven (7) years.
List ALL felony convictions. (Use a separate sheet of paper if necessary.)

<u>Date</u>	<u>Charge</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Traffic violations only need to be provided if driving is a requirement for position.

I certify that the above information is true and complete:

Date: _____ Signature: _____
Print name: _____

FOR OFFICE USE ONLY:

- ☐ NO RECORD FOUND
☐ RECORD FOUND – Description: _____

Signature

Date