



# Churchill County Human Resources

Human Resources ♦ Loss Control ♦ Safety

## RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

Having made application for employment with Churchill County and desiring it to be informed as to my previous record and character, I authorize any agent of Churchill County Human Resources, bearing this release or a copy of it, within one year of its date, to obtain any information pertaining to my employment, attendance, performance report, background investigation, training, educational transcripts, credit reports, any and all internal affairs and disciplinary investigations. I also agree to provide Churchill County with any information that will assist in completing the background check.

I authorize any agent of Churchill County Human Resources, bearing this release or copy of it, within one year of its date, to obtain any information from my current or former employer(s), which pertains to my employment. Consent is hereby granted for Churchill County Human Resources to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I agree to waive any right of opportunity to read, review or obtain copies of any background investigation report prepared for or by the Churchill County Human Resources Department or its agents.

I hereby release you, as custodian of such records, and any employer, any school, college, university or other educational institution, consumer credit reporting agency or retail business, including its officers, employees or related personnel, both individual and collectively, from any and all liability for damage, whatever kind, which may at any time result to me, my family, relatives or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I understand that I have a right to receive a copy of this authorization.

_____	_____	_____	_____
Sign your full name	Date	SSN	Date of Birth (to be used only for background check purposes)

_____	_____
Print your full name	Driver's License Number

Please list any other names you may have used that would allow us to complete a thorough background check.

\_\_\_\_\_

Please list all states you have lived in for the last ten years. Use the reverse side of this form, if necessary.

\_\_\_\_\_

\_\_\_\_\_



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## NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because Churchill County may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the County if hired or for other employment-related purposes. Any information contained in such reports may be taken into consideration for purposes of evaluating your suitability for employment, promotion, reassignment, or retention as an employee. Additionally, in the event that claims or disputes between you and the County are filed with any third parties, the County may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the County at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

### AUTHORIZATION:

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to Churchill County (1) in conjunction with my application for employment, (2) during the entire course of my employment, should I obtain such employment, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the County by me before, during, or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the County and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date