

Attachment A:

Authorization for Collection and Analysis of Background Information: General Release

I authorize Pacific County and its officials and agents to investigate, now and during my employment, any information relevant to my current or potential status as an employee, contractor or volunteer for Pacific County, including my past employment, education, and activities, and to request and receive any information concerning me, including but not limited to (initial all that apply): _____ criminal history, _____ motor vehicle reports and records, _____ public records from any persons, entities, schools, companies, corporations, partnerships, associations, credit bureaus, state agencies, department of labor and industries, law enforcement agencies, licensing agencies, and from my previous employers.

I further release, discharge, and hold harmless Pacific County, its elected and appointed officials, employees, law enforcement agencies, and their respective officers, representatives and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment, contracting or volunteer qualifications.

I acknowledge that a criminal history may include a search of state and federal crime data bases for both felony and misdemeanor offenses.

I agree that if any investigation at any time reveals that I provided false information to, or omitted information from Pacific County, disciplinary action in keeping with respective collective bargaining agreements, special employment agreements, applicable contracts, and/or the county personnel policy may occur including termination of my consulting contract, volunteer status and/or employment with Pacific County, without liability.

I understand that, like all other Pacific County forms, this form does not alter any employment, contract or volunteer appointment at will relationship. I may terminate my employment at any time without cause, and as per existing contracts and/or labor agreements that may apply, and Pacific County retains the same right.

Applicant/Employee/Volunteer/Contractor Signature: _____

Primary Address: _____

Printed Full Legal Name: _____ Date Signed: _____

Social Security Number: _____ D.O.B. _____

Note: Refusal to disclose or allow access to information pertinent to your employment, contractual or volunteer status may jeopardize said status with Pacific County and/or may be cause for non hiring/non-contract renewal, or for disciplinary or other action as allowed by state and/or federal law.

If you have questions pertaining to this authorization form or the process for review of information received, or if you believe any background information obtained about you contains errors, please contact the applicable office Official or the Prosecuting Attorney.