



PHONE: (406) 258-4874
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www.co.missoula.mt.us

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

TO: _____

Applicants for Detention Cook positions with the Missoula County Detention Facility must submit to a review of their driving record and a criminal history check. This is deemed an occupational necessity due to the interaction with incarcerated criminals and employees access to department vehicles if needed. Failure to pass these record checks will constitute grounds for elimination from the applicant pool. This information will be used solely for the purpose of conducting a check of the applicant's driving record and criminal history. Information provided on this form will be maintained separately from the employment application and will not be provided to the selection committee.

I hereby authorize the representative of MISSOULA COUNTY bearing this release, or a copy thereof, within one year of its date, to obtain any information pertaining to me, including information of a confidential or privileged nature. I authorize my previous employers, physicians and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to MISSOULA COUNTY any and all information they may have concerning me.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of MISSOULA COUNTY. I further understand that I waive any right or opportunity, now and in the future, to read, review or otherwise discover the contents of this investigation and all documents related thereto.

I hereby release the agency with which I am seeking employment and any organization, company, institution or person furnishing information to that agency from any liability or damage which may result from furnishing the information requested.

PRINT LEGIBLY

Print your Full Legal Name

Social Security Number

Date of Birth

Signature

Date

+++++
(For Office Use Only)

I CERTIFY THAT I HAVE COMPLETED THE FOLLOWING:

☐ FINGERPRINT CHECK ☐ CJIN/NCIC QUERY ☐ iii Driving History Check

Sheriff's Representative

Date

PROVIDE ALL OF THE FOLLOWING INFORMATION:

Full Legal Name:

List all other names you have used:

Gender: Female_____ Male_____

Current Driver's License Number: _____ Issued By (state): _____

List all states in which you have been issued a Driver's License:

States in which you have resided or worked during the last 10 years:

List any misdemeanor convictions (City, State, Date, Offense):

List any felony convictions (City, State, Date, Offense):

List any Domestic Abuse convictions (City, State, Date):

List any Driving Under the Influence (DUI) convictions (Location, Date):

List any **traffic accidents** you were involved in, and all **driving citations** issued to you, during the last 5 years (Provide Details):

Signature: _____ Date: _____

Any misrepresentation or omission will result in your being disqualified from the recruitment.