

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

TO: _____

As an applicant for a position with the Missoula County Sheriff's Department, I understand I am required to furnish information for use in determining my qualifications and suitability for employment. I understand this will include a review of my driving record and criminal history check. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment. This is deemed an occupational necessity due to requirements set forth by Montana State Statute.

I hereby authorize the representative of MISSOULA COUNTY bearing this release, or a copy thereof, within two years 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 the Missoula County Sheriff's Department 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

Printed full name)

Social Security Number

Date of Birth

Signature

Date

+++++

(For Office Use Only)

I CERTIFY THAT I HAVE COMPLETED THE FOLLOWING:

- CJIN/NCIC QUERY iii Driving History Check

Sheriff's Representative

Date

FINGERPRINT BACKGROUND CHECK

Sheriff's Representative

Date

Full Legal Name: _____

Any other names you have used: _____

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

List the states in which you had a driver's license issued: _____

States in which you have resided or worked since age 18: _____

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

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

List any Driving While Intoxicated convictions (Location, Date): _____

List any traffic accidents you were involved in during the last 5 years (Provide Details):

Signature: _____ Date: _____

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