

**PRE-EMPLOYMENT AGREEMENT AND AUTHORIZATION**  
**TO RELEASE INFORMATION**

**(for Non- Law Enforcement Positions)**

I understand and agree to the following terms:

As part of my application for employment with Clatsop County for the position of \_\_\_\_\_, 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 and satisfactory completion of a physical examination (if required for position).

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 job related qualifications for the position of \_\_\_\_\_ with 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 the Clatsop County Human Resources Director or a delegated representative 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Oregon  
My Commission Expires: \_\_\_\_\_

**(Please complete the attached supplemental application)**

**CLATSOP COUNTY  
SUPPLEMENTAL APPLICATION  
FOR BACKGROUND CHECK**

1. Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Your Social Security Number: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Do you have a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5 Driver License Number and State: \_\_\_\_\_
6. Please list all traffic violations\* and criminal convictions within the last seven (7) years.

<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.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_