



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I authorize any person, current or former employer, firm, corporation, educational or vocational institution, or government agency to furnish Kitsap 911 with any and all information concerning me, my work record, my reputation, and recommendations. Information of a confidential or privileged nature may be included. Any information obtained will not be shared with me. This information will be used to assist Kitsap 911 in determining my qualifications and fitness for the position I am seeking with Kitsap 911.

I hereby release and discharge any individual or organization who provides information and Kitsap 911 from any and all liability or damages which may result from furnishing or receiving this information.

I hereby understand that failure to disclose any other names by which I've been known, or previous last names used, will automatically disqualify me from the hiring process.

I understand my rights under State and Federal law including the Washington State Public Disclosure Act and the United States Privacy Act and waive those rights. I agree that references and other personal information obtained as part of this application process will be regarded as confidential and shall not be revealed or disclosed to me.

Signature

Printed Name

Date



CRIMINAL HISTORY INFORMATION REQUEST FORM

APPLICANT NAME: (Please Print)

_____/_____/_____
Last Middle Name First

CURRENT ADDRESS:

Street City State Zip

RACE: White Asian Indian Black Hispanic Unknown

SEX: Male Female

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVERS LICENCE NUMBER/STATE: _____

ID ONLY:

PREVIOUS NAMES USED: _____

OTHER STATES LIVED IN: _____

POSITION APPLIED FOR: _____

SIGNATURE: _____ DATE: _____

RECORDS CHECKED BY/DATE: _____



EMPLOYMENT REFERENCES

NAME

DATE

In order to reach a final decision in the selection for this position, we will be conducting professional reference checks on candidates who successfully complete the initial testing for this position. Please note: The reference checks may be completed at any time during the screening process.

Please provide the following information for three people who you have worked directly under in past or present employment.

1. _____

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

DO WE HAVE PERMISSION TO CONTACT THIS PERSON: YES NO

2. _____

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

DO WE HAVE PERMISSION TO CONTACT THIS PERSON: YES NO

3. _____

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

DO WE HAVE PERMISSION TO CONTACT THIS PERSON: YES NO