

RELEASE AUTHORIZING CHECK OF APPLICANTS CREDENTIALS

In consideration of Monroe County's evaluation of my suitability for employment, I hereby authorize the county to perform all checks of my credentials as allowed by law, including but not limited to discussions with: supervisors, co-workers, friends, business associates, or other individuals that the County, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize the County to perform the necessary background checks and such other checks as the County deems appropriate. I further release and forever discharge the county, its agents, and its employees from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever acknowledge that the County has made no representation of any kind as to whether employment will be offered at the conclusion of its investigations.

Please list Residence(s) within the past seven (7) years (attach additional page if necessary):

Address

County City State Zip Code

Address

County City State Zip Code

Address

County City State Zip Code

Address

County City State Zip Code

Address

County City State Zip Code

Printed Name of Applicant

Social Security Number

Date of Birth

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting and will be used solely for those purposes.

Digital Signature