

Okanogan County Transportation & Nutrition

PLEASE TYPE OR PRINT

I, _____

LAST NAME	FIRST NAME	MIDDLE NAME	(Jr., Sr, etc.)
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Understand that in conjunction with my application for employment, **OKANOGAN COUNTY TRANSPORTATION & NUTRITION** will research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications.

OKANOGAN COUNTY TRANSPORTATION & NUTRITION will utilize various sources of information it deems appropriate including but not limited to: Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references.

I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to OKANOGAN COUNTY TRANSPORTATION & NUTRITION

This authorization in original or copy form shall allow background checks to be run at random intervals required by funding agencies. I understand that, if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to OKANOGAN COUNTY TRANSPORTATION & NUTRITION I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to OKANOGAN COUNTY TRANSPORTATION & NUTRITION, P.O. BOX 471 OKANOGAN WA 98840

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE OKANOGAN COUNTY TRANSPORTATION & NUTRITION, IT'S AGENTS, AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE-MENTIONED INFORMATION OR REPORTS.

Signed	Today's Date
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Printed Name	Position Applied For
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Social Security Number	Date of Birth	Driver's License Number	State
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Other names you have used or are also know as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address	Street	Apt#	City	State	Zip Code	From	To
						Mo. / Yr.	Mo. / Yr.
Former Address:	Street	Apt#	City	State	Zip Code	From	To
						Mo. / Yr.	Mo. / Yr.
Former Address:	Street	Apt#	City	State	Zip Code	From	To
						Mo. / Yr.	Mo. / Yr.
Former Address:	Street	Apt#	City	State	Zip Code	From	To
						Mo. / Yr.	Mo. / Yr.