

AUTHORIZATION FOR RELEASE OF INFORMATION

Full Name of Applicant: _____

Social Security Number: _____

Date of Birth: _____
(Necessary for Accessing Data Systems)

As a part of seeking employment in the Kittitas County, I hereby authorize the Kittitas County Human Resource Office to investigate any criminal records that I may have. I authorize them to contact law enforcement agencies, and to access data contained in computer systems such as the National Crime Information Center, Judicial Information System, Department of Licensing for Information about my background

I understand that any information obtained as a result of this release will be held strictly confidential and is for the purpose of a background check for employment purposes only. However, it is a prerequisite for employment, and any job offer will be contingent upon a satisfactory completion of a back ground check. This authorization will terminate twenty (20) day from the date of signature.

RELEASE INFORMATION TO: **STAFF OF THE KITTITAS COUNTY
HUMAN RESOURCE
OFFICE AUTHORIZED TO OBTAIN
THIS INFORMATION**

FOR THE PURPOSE OF: **PRE-EMPLOYMENT SCREENING**

Date: _____

Signature of Applicant: _____