

## APPLICANT RELEASE AND AUTHORIZATION FORM

I HEREBY AUTHORIZE **HARFORD COUNTY GOVERNMENT DEPARTMENT OF HUMAN RESOURCES** OR AUTHORIZED REPRESENTATIVES OF THE COMPANY BEARING THIS RELEASE TO OBTAIN AND RELEASE ANY INFORMATION PERTAINING TO MY BACKGROUND, INCLUDING AN INVESTIGATIVE CONSUMER REPORT, AND ANY OF THE SERVICES NOTED BELOW INCLUDING THE RELEASE OF WORKER'S COMPENSATION RECORDS, FOR EMPLOYMENT OR VOLUNTEER PURPOSES I HEREBY ACKNOWLEDGE THAT I HAVE READ AND SIGNED THE ATTACHED NOTICE AND ACKNOWLEDGEMENT REGARDING BACKGROUND INVESTIGATION.

<u>APPLICANT SIGNATURE</u>	
<u>APPLICANT NAME (PRINTED):</u>	
<u>DATE</u>	

APPLICANT INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
ALIAS INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
OTHER INFORMATION		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		
STATE OF ISSUE		
CURRENT ADDRESS		
<u>STREET/CITY/STATE/ZIP CODE</u>		
<u>DATE FROM:</u>	<u>DATE TO:</u>	

PREVIOUS ADDRESS-PLEASE PROVIDE 7 YEARS-ATTACH ANOTHER SHEET IF NECESSARY

STREET/CITY/STATE/ZIP CODE

DATE FROM:

DATE TO:

CURRENT EMPLOYER

STREET/CITY/STATE/ZIP CODE

POSITION

SUPERVISOR

TELEPHONE No.

DATES TO/FROM

PREVIOUS EMPLOYER

STREET/CITY/STATE/ZIP CODE

POSITION

SUPERVISOR

TELEPHONE No.

DATES TO/FROM

EDUCATION/NAME

STREET/CITY/STATE/ZIP CODE

MAJOR

MINOR

DEGREE TYPE

DEGREE DATE

DATE FROM:

DATE TO:

**IMPORTANT: FOR CLIENT USE ONLY**

**MARK AN "X" TO SELECT ANY OF THE FOLLOWING:**

**ALIAS/AKA**

WOULD YOU LIKE NBI TO ALSO CHECK ALIAS/OTHER NAME GIVEN? : Yes\_\_\_ No\_\_\_

(BE ADVISED THERE IS AN ADDITIONAL CHARGE FOR EACH ALIAS NAME REQUESTED)

**CRIMINAL HISTORY RECORD SEARCH**

**VERIFICATIONS/CREDENTIALS**

<input type="checkbox"/>	STATEWIDE
<input type="checkbox"/>	NATIONAL PUBLIC SEX OFFENDER REGISTRY
<input type="checkbox"/>	US/SOR
<input type="checkbox"/>	SOCIAL SECURITY TRACE
<input type="checkbox"/>	COUNTY FELONY/MISDEMEANOR
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	EMPLOYMENT	
<input type="checkbox"/>	EMPLOYMENT	
<input type="checkbox"/>	EDUCATION:	
<input type="checkbox"/>	EDUCATION:	
<input type="checkbox"/>	LICENSE:	
<input type="checkbox"/>	LICENSE:	
<input type="checkbox"/>	PLEASE SPECIFY NUMBER OF ITEMS	

**STATEWIDE SEARCHES**

<input type="checkbox"/>	ALABAMA	<input type="checkbox"/>	ARKANSAS	<input type="checkbox"/>	COLORADO	<input type="checkbox"/>	CONNECTICUT
<input type="checkbox"/>	DELAWARE	<input type="checkbox"/>	FLORIDA	<input type="checkbox"/>	GEORGIA	<input type="checkbox"/>	IDAHO
<input type="checkbox"/>	IOWA	<input type="checkbox"/>	ILLINOIS	<input type="checkbox"/>	INDIANA	<input type="checkbox"/>	KANSAS
<input type="checkbox"/>	KENTUCKY	<input type="checkbox"/>	MAINE	<input type="checkbox"/>	MARYLAND	<input type="checkbox"/>	MICHIGAN
<input type="checkbox"/>	MINNESOTA	<input type="checkbox"/>	MISSOURI	<input type="checkbox"/>	MONTANA	<input type="checkbox"/>	NEBRASKA
<input type="checkbox"/>	NEW JERSEY	<input type="checkbox"/>	NEW YORK	<input type="checkbox"/>	NORTH CAROLINA	<input type="checkbox"/>	NORTH DAKOTA
<input type="checkbox"/>	OKLAHOMA	<input type="checkbox"/>	OREGON	<input type="checkbox"/>	PENNSYLVANIA	<input type="checkbox"/>	RHODE ISLAND
<input type="checkbox"/>	SOUTH CAROLINA	<input type="checkbox"/>	SOUTH DAKOTA	<input type="checkbox"/>	TENNESSEE	<input type="checkbox"/>	TEXAS
<input type="checkbox"/>	UTAH	<input type="checkbox"/>	VERMONT	<input type="checkbox"/>	WASHINGTON	<input type="checkbox"/>	WISCONSIN

**DRUG TESTING**

<input type="checkbox"/>	10 PANEL DRUG TEST-LAB CORP	
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