

## DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal/removal**. I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

### PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
ALIAS / MARRIED LAST NAMES: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Please Write Clearly & Neatly) (Please Write Clearly & Neatly)

List your addresses for the last 7 (seven) years. Include the COUNTY, and dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS: ☐ YES ☐ NO PLEASE EXPLAIN:

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out here and print clearly. It is important you understand this section completely.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_