AUTHORIZATION TO RELEASE INFORMATION AND INVESTIGATE

(Carefully read this authorization to release information about you and to investigate you, then **sign and date it in ink in the presence of a NOTARY PUBLIC.**)

I understand that by signing this release I am agreeing to waive any non-disclosure rights I may have regarding any document or other information in any personnel file or other file maintained by any former employer, person or entity. This release authorizes the disclosure of any document or information relating to me in any way, regardless of the privacy information that it may contain.

I authorize Canyon County, Idaho Prosecuting Attorney's designee, an investigator representing Canyon County (hereinafter referred to as the investigator), to examine or copy any and all files maintained by any person or entity in regard to me and my employment with any person or entity.

I further authorize the investigator to interview any and all persons regarding any and all aspects of my employment history, background, and/or any other matter connected with or related to my employment history and/or other background information.

I, in exchange for allowing the investigator to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge the Commissioners of Canyon County, Idaho, the Canyon County Sheriff, Canyon County, Idaho and all agents, employees, elected and appointed officers of Canyon County and all of those entities and those persons, employees, officers, representatives, attorneys, agents, insurers, successors and assigns and any and all other persons or entities acting for, by or through them, whether acting in their individual capacity or on behalf of said individuals or entities hereinafter collectively referred to as Canyon County from any liability or damage which may result from the examination or release of any records to, from the disclosure of information from, and/or from the conducting of an interview by, the investigator.

Further, I, in exchange for allowing to examine or copy the above described documents and information, and/or allowing the investigator to interview the above described individuals, do hereby, and for my heirs, executors, administrators, agents, employees, representatives, successors, insurers and assigns, release, acquit and forever discharge any person or entity who releases to, or allows the examination by, or participates in an interview with, the investigator, as authorized in this release, from any liability or damage which may result therefrom.

If hired, I authorize Canyon County to use my information provided on this form for internal purposes.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this agreement contains the entire agreement between ______ and Canyon County,

(APPLICANTS PRINTED NAME)

Idaho. The undersigned further declares and represents that he/she fully understands the matters contained in this release and has had an opportunity to consult with his/her attorney regarding this release, prior to the signing thereof.

This Authorization may be used by Canyon County, Idaho for two (2) years from the date subscribed by the undersigned herein.

DATED this ______ day of ______, 20_____.

Signature

Last Name, First Name, Middle Initial (Please Print)

Social Security Number

Date of Birth

Driver's License Number

Driver's License State

STATE OF IDAHO)		
County of	ss.		
County of)		
On this	day of	, in the year of 20	, before me
	, personally appeared	, and pr	oved to me
(Notary's Name	e) (In	dividual's Name)	
	sfactory evidence to be the personent, and acknowledged that he		

Notary Public for	
Residing at:	
My Commission Expires:	

CRIMINAL CONVICTION DISCLOSURE

A background investigation may be conducted by Canyon County when reviewing applicants for law enforcement positions, positions in departments or offices that provide support to law enforcement or other positions where a criminal conviction may be relevant to the work. Criminal convictions will not be reviewed in the initial evaluations of applicants except where a conviction would disqualify an applicant from employment by law. The implications of a conviction may be assessed for a particular hiring decision including, but not limited to, the nature of a criminal conviction, its relationship to the job, and the amount of time that has passed since the crime was committed. A conviction does not necessarily preclude employment or disqualify an applicant from consideration; however, any misrepresentations, omissions, or falsifications will also be considered.

Have you ever been convicted of any offense against the law as an adult? If your answer is "yes," list details in the space provided below. Yes _____ No _____

Nature of conviction, date of conviction, location of conviction:

DATED this day of, 20 Signature Last Name, First Name, Middle Initial (Please Print) STATE OF IDAHO) SS. County of) On this day of, in the year of 20, before (Notary's Name) (Individual's Name) (Individual's Name)	List any other nam	e(s) that may have been	used in the past, along with the timeframe of usage:
Last Name, First Name, Middle Initial (Please Print) STATE OF IDAHO) ss. County of) On this day of, in the year of 20, before, personally appeared, and proved to me (Individual's Name)	DATED this	day of	, 20
STATE OF IDAHO) ss. County of On this day of, personally appeared, in the year of 20, before, personally appeared, and proved to me, (Individual's Name)	Signature		, ,
Ss. County of On this day of, in the year of 20, before, personally appeared, and proved to me, and proved to me, <i>(Individual's Name)</i>		(F	Please Print)
On this day of, in the year of 20, before, personally appeared, and proved to me (Notary's Name) (Individual's Name)	STATE OF IDAHO	,	
(Notary's Name) (Individual's Name)	County of)	
(Notary's Name) (Individual's Name)	On this	day of	, in the year of 20, before m
on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged that he (she) (they) executed the same.	(Notary's Nam on the basis of sat	<i>e)</i> isfactory evidence to be th	(Individual's Name) ne person(s) whose name(s) is (are) subscribed

Residing at:
My Commission Expires:
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