

**BENTON COUNTY BACKGROUND CHECK
AUTHORIZATION AND RELEASE**

Department or Business Name Position Title

Last Name First Name Middle Name

All Other Previous Names Used Date of Birth

Driver's License Number/State Social Security Number

States of Residence (Current and all former within last 10 years)

Current Address

Last Previous Address

Acknowledgment

A background check is required of all Benton County employees and volunteers, as well as contractors assigned to work in secure areas. Successful completion of the background check, as determined by Benton County, is required prior to the first day of work. **I understand that employment or volunteer status with Benton County is contingent upon the results of a background check. I understand that adverse findings during my background check may result in withdrawal of any offer of employment/assignment with Benton County, and/or termination of my employment/assignment with Benton County. I further understand that if I am found to have made any false or misleading statements in my application or background check materials, I may be disciplined or have my employment/volunteer status terminated even after I have started work, and may subject myself to criminal prosecution.**

Authorization and Release

I hereby authorize Benton County (including but not limited to Personnel Resources Department, Sheriff's Office, Juvenile Justice Center, and/or Prosecutor's Office personnel) to conduct a background check in connection with my application for employment/assignment with Benton County. **I understand that this background check may include, but is not limited to, a review of records on file with the Washington State Patrol, the FBI National Crime Information Computer (NCIC) and Interstate Identification Index (III), local law enforcement agencies, the Department of Licensing, courts of law, and other agencies, and also may, depending on my employment or assignment, involve fingerprinting. I understand that a more comprehensive background check is required for certain Benton County positions and may include review of records relating to arrests and/or other contacts with law enforcement.**

I hereby authorize and request any person, government entity, law enforcement or criminal justice agency, and/or other organization (public or private) to provide any information and/or records solicited by Benton County in connection with my application for and/or work with Benton County. I hereby release those persons and entities, and Benton County, its elected officials, judges, directors, appointees, managers, employees, volunteers, agents, and assigns, from any and all liability that may result from providing and/or soliciting such information and/or records. A facsimile copy or photocopy of this waiver shall have the same force and effect as a copy with my original signature.

Adverse History Information

The following information pertains to all incidents, whether under Washington State law, the law of another State, or federal law. If you answer "yes" to any question, please provide details including the date, location/jurisdiction, case number, charge if applicable, and arresting agency if applicable.

- Have you ever been convicted of, or are you currently charged with, any crime (this includes adjudications as a juvenile unless expunged or vacated)?

- Have you ever been found by way of any judicial, administrative, or employer process or investigation to have committed sexual harassment or to have engaged in any other forcible or nonconsensual sexual conduct?

- Have you ever been terminated from employment or a previous position (including volunteer positions), or permitted to resign in lieu of termination?

Continuing Nature of Adverse History Information

I understand that during all times I am employed by, or have volunteer status with, Benton County, that I am required to inform my immediate supervisor any time I am charged with or convicted of any crime, and any time I am named as a defendant/respondent in any lawsuit or complaint alleging sexual harassment or other forcible or nonconsensual sexual conduct. I understand that failure to make such notification within one business day of such action, excluding any time I am incarcerated or otherwise incapable of making such notification, shall be grounds for discipline up to and including immediate termination of my employment or volunteer status with Benton County.

I have read, fully understand, and voluntarily provide this Authorization and Release. By signing below, I also certify, under penalty of perjury as provided by the laws of the State of Washington, that I am the person identified above, and that all of the biographical, adverse history, and other information provided above is true, correct, and complete to the best of my knowledge.

Signature

Date

A minimum of two day required for processing.
Do Not Write Below This Line

Comments:

COMPLETED BY AND DATE:

CC: