

# AUTHORITY FOR RELEASE OF INFORMATION

I authorize any law enforcement agency to release any information relating to my criminal history record, arrest, and conviction information.

I release any individual from all liability for damages that may result on account of compliance with this authorization. This release is binding for one (1) year.

## PLEASE COMPLETE ALL INFORMATION BELOW:

NAME: \_\_\_\_\_  
                    Last                                    First                                    Middle

DATE OF BIRTH: \_\_\_\_\_  
                                    Month    Day    Year

PREVIOUS NAMES (IF ANY): \_\_\_\_\_

CURRENT ADDRESS (Physical AND Mailing if different): \_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Signature may be obtained at interview for emailed applications

DATE: \_\_\_\_\_

# AGREEMENT AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employers(s) to provide to Garfield County Sheriff's Office representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the Sheriff's Office. I hereby release any current or former employer, its agents, or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written above are knowing, intelligent, and voluntary acts.

I understand that as a condition of employment, I may have to pass a background check and my fingerprints may be required in order to obtain my criminal record.

You have been given the essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions with or without accommodations?     YES     NO

If you can only perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations:

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I understand that as a condition of employment and within three (3) days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Notice: All applications must be complete, signed and dated in order to be accepted for consideration.