CULPEPER COUNTY
AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

(Each prospective employee/volunteer must sign this form, giving Culpeper County approval to perform a background investigation.)

I have applied for the position of _____ in the _____ Department of Culpeper County. I hereby give the County of Culpeper and its representatives permission to conduct a background investigation which may include but is not limited to, contacting references, former employers, and educational institutions; performing criminal history, child protective services, and driving record history check. I understand that this information will be used, in part, to determine my eligibility for employment and/or volunteer opportunities with the County. I also understand that as long as I remain an employee/volunteer, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the County of Culpeper, and a procedure is available for clarification, if I dispute the record as received.

I further authorize the County to rely upon and use, as it sees fit, any information received from such contacts, and the information contained may be disseminated to other agencies, non- governmental organizations or systems on a need-to-know basis for good cause as determined by the organization.

In additional to authorizing the release of the information above, I hereby fully waive any rights or claims I have or may have against the County of Culpeper and any facility that disclosed information, and each of their officers, directors, employees, and agents and hold them harmless from and against any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable.

I acknowledge that I have read this authorization and release, fully understand it, and voluntary agree to its provisions. I further acknowledge that a telephonic facsimile or photographic copy may be relied upon by the County just as if the record reviewed were the original.

PRINT FULL LEGAL NAME_____ **MAIDEN NAME**_____

ADDRESS _____

CITY_____ **STATE**_____ **ZIP CODE**_____ **PHONE #**_____

SIGNATURE_____ **DATE**_____

SSN: _____ (**ONLY Required for PUBLIC SAFETY Positions)**

For State Police Background Checks Only

I hereby acknowledge that I have examined the prospective employee/volunteer's valid photo identification.

Employer Representative: _____ Date _____