

AUTHORIZATION & RELEASE OF BACKGROUND INFORMATION

Jobs with the COMMUNITY SERVICES OF STARKE COUNTY, involve contact with the elderly, disabled and children. All applicants for employment are expected to supply this information. The insert is part of the application itself and any misrepresentation or omission of facts may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The COMMUNITY SERVICES OF STARKE COUNTY will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offices or alleged conduct underlying the affirmative response and the position for which you are applying. Please answer the following five (5) questions.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation?

YES NO IF YES, PLEASE EXPLAIN _____

2. Have you ever resigned from a job after being disciplined by your employer after being offered the opportunity to resign rather than be terminated?

YES NO IF YES, PLEASE EXPLAIN _____

3. Have you ever been investigated for, charged with or pleaded guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor?

YES NO IF YES, PLEASE EXPLAIN _____

4. Have you ever been charged with a crime listed in the number 3 question? (above) where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program?

YES NO IF YES, PLEASE EXPLAIN _____

5. Have you ever been convicted of a crime other than a minor traffic offense or has any court ever deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service education program for such a crime?

YES NO IF YES, PLEASE EXPLAIN _____

I authorize the COMMUNITY SERVICES OF STARKE COUNTY to check my employment history, including with limitation, reference checks, and to seek the release of information needed for investigation, including a "limited criminal history," possessed by any private or public employee or any local, state, or federal agency. I authorize these private or public employees or local, state, or federal agencies to provide the COMMUNITY SERVICES OF STARKE COUNTY any information concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request of or provision of such information, any claim or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the COMMUNITY SERVICES OF STARKE COUNTY, it's officials, employees, Board, or agents or against any provider of such information. I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature _____

Print Your Name _____

Date _____

Social Security Number _____

Date of Birth _____

Address _____
