RELEASE OF CRIMINAL RECORDS

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name), do hereby authorize my Employer to request and examine any and all criminal records and arrests on file in any area of any state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I hereby release any parties concerned, including but not limited to my Employer, from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time, would your Criminal / Background History Report show any derogatory information at all?

(Circle One.) YES NO

Answering “yes” will not automatically disqualify you from employment consideration.

If yes, please explain in detail:

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Employee Printed Name    |   | Employee Signature  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Driver’s License Number    |   | Social Security Number  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Today’s Date   |   | Employee’s Street Address  |
|   |   | \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  |
|   |   | City State Zip Code  |

LIBERACIÓN DE REGISTROS PENALES

Yo, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Nombre Impreso), autorizo ​​a mi empleador a solicitar y examinar cualquier registro criminal y arrestos en los archivos de cualquier jurisdicción. Entiendo que estoy renunciando mi derecho de confidencialidad con respecto a mi historial criminal. Además, libero a las partes interesadas, incluidas, entre otras, mi empleador, de cualquier acción civil o administrativa que surja o se relacione con la divulgación de la información solicitada.

¿Su informe de antecedentes penales mostrará alguna información despectiva?

(Circule uno) SÍ NO

El responder "sí" no lo descalificará automáticamente de la consideración de empleo.

En caso afirmativo, explique en detalle:

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Nombre impreso del empleado Firma del empleado

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Número de Licencia de conducir Número de Seguro Social

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha Dirección del Empleado

 \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

 Ciudad Estado Código Postal