

## APPLICANT OR EMPLOYEE AUTHORIZATION and RELEASE

Read and complete the following:

1. I understand that Loudon County, when considering my application for employment, when making a decision whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment-related decisions directly affecting me, may wish to obtain information regarding my character, work habits, performance, educational background and experience, along with termination of past employment. I understand that Loudon County may be requesting information from public and private sources about my education, credentials, criminal history records, references, and driving record (MVR). I further understand that if a conditional offer of employment is made, Loudon County may be requesting information from such sources about my worker's compensation injuries. I also understand that, if applicable, Loudon County will periodically review my driving record to determine continued eligibility to drive a County vehicle. (As a driver of a County vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.) **If the County conducts background checks through consumer reporting agencies and obtains consumer reports, it shall do so in conformity with the Fair Credit Reporting Act.**
2. I understand and agree that if I am an applicant for any position requiring access to children in a child care program or detention center, that records relating not only to criminal convictions, but to pending criminal charges of any kind, convictions resulting in suspended or reduced sentences and to any investigations by the Department of Children's Services and/or the Department of Health, shall be obtained. If I am applying for a position involving direct care of and/or contact with elderly or disabled individuals under Tenn. Code Ann. § 71-2-111, I understand that, in addition to a criminal history check, Loudon County will verify whether I am listed as a person who has abused, neglected or misappropriated the assets of a client under the Vulnerable Persons Registry. If I am applying for a position with the County Health Department, I understand and agree that, in addition to a criminal history check and verification under the Vulnerable Person's Registry, my name will be checked against the list of debarred individuals maintained by the Office of Inspector General with the U.S. Department of Health and Human Services.
3. If I am applying for a position requiring proximity to school children under Tenn. Code Ann. § 49-5-413 or access to children in a child care agency or detention center as described by Tenn. Code Ann. § 37-5-109, I agree to provide fingerprint samples for the purpose of verifying my criminal history information.
4. Medical and workers' compensation information will only be requested in compliance with the Americans with Disabilities Act (ADA) and/or any other applicable state law after a conditional offer of employment.
5. I understand that this authorization is not an offer of employment by Loudon County and that any false or misleading information I have provided to Loudon County may result in a refusal to hire, promote, reassign or continue employment. I further understand that providing false or misleading information in connection with my criminal or administrative investigative history for positions involving proximity to school children or access to children in a child care program or detention center may subject me to prosecution, and that any such falsification shall be reported to the District Attorney General.
6. I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform Loudon County, in writing, that I wish to revoke this authorization.
7. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
8. By my signature below, I hereby authorize, without reservation, any law enforcement agency, public agency including the Social Security Administration (SSA), institution, school, employer, reference or insurance company contacted by Loudon County to furnish the information described in Section 1 and, if applicable, Section 2, 3 and 4.
9. I hereby authorize Loudon County to obtain all information described in Section 1 and, if applicable, Sections 2, 3 and 4, and release Loudon County, the SSA, and their agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records.

\_\_\_\_\_  
Please print your full name \_\_\_\_\_ Dates used \_\_\_\_\_

\_\_\_\_\_  
Please print other names you have used \_\_\_\_\_ Dates used \_\_\_\_\_

\_\_\_\_\_  
Present address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How long at this address \_\_\_\_\_

\_\_\_\_\_  
Previous address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How long at this address \_\_\_\_\_

\_\_\_\_\_  
Previous address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How long at this address \_\_\_\_\_

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Name as it appears on license \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date \_\_\_\_\_