

County of Goliad



BACKGROUND CHECK CONSENT & RELEASE WAIVER

FOR

GOLIAD COUNTY EMPLOYMENT

Applicants Legal Name: _____

Social Security Number: _____ Date of Birth: _____

Applicants Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, authorize and give consent for the above-named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal Background records/information
- All 50 State Sex-Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm, or organization providing information or records in accordance with this authorization is released from all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above-named organization with my consent for an initial background check as well as any subsequent background check deemed necessary throughout the length of my employment with this organization.

Print Name: _____

Signature: _____

Date: _____