



## Background Authorization Form

Polk County Requires a background check. I understand that failure to consent to such a background check may result in my employment being terminated or my conditional offer of employment being withdrawn. I understand that the intent of this information is to provide full access to the background check for the specific purpose of pursuing a background investigation which may provide pertinent data for Polk County to consider in determining my suitability for continued employment or offer of employment. This information will not be released to the employee or potential employee. If you would like to obtain a copy of your background check, you may visit your local DPS office.

*(Reference Polk County Personnel Policy 3.12)*

Please make your selection:

☐

I hereby consent to a background check

☐

I do not consent to a background check

Date of Birth

Driver's License

Signature

Full Name

Date