



Snohomish County

Human Resources Department
M/S #503
3000 Rockefeller Avenue
Everett, WA 98201
(425) 388-3411
FAX (425) 388-3579

CONSENT TO RELEASE INFORMATION

Date: _____

I authorize Snohomish County to investigate all statements in my application and make such inquiries of my personal, employment, or education references as may be necessary in arriving at an employment decision.

I also authorize Snohomish County to conduct a background check including review of any criminal history. I understand that any arrests for which the charges are still pending and any convictions may be considered in arriving at an employment decision, but will not necessarily disqualify me from employment unless the crimes are reasonably related to the job duties of the position for which I am applying, and the convictions (or my release from incarceration) occurred within the last ten years.

I hereby release all employers, schools, and persons supplying references from all liability in responding to the inquiries in connection with my application for employment.

Applicant's First, Middle, and Last Name (Please Print)

Applicant's Signature

Birth date (mm/dd/yyyy): _____

Have you ever resided outside the state of Washington in the last 10 years?

- YES - You must also fill out the DataQuest Authorization Form on the other side.
- NO - Thank you - after completing the question below - you have completed your application

Have you lived under a different name?

- YES
- NO

If yes, please list _____