



BOB HERMANN
DISTRICT ATTORNEY
WASHINGTON COUNTY
Justice Services Building
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**APPLICATION FOR EMPLOYMENT
AND BACKGROUND INVESTIGATION AUTHORIZATION
WASHINGTON COUNTY DEPUTY DISTRICT ATTORNEY**

Personal History – Information requested for required record and background check.

List your current name (last, first, middle) and all names you have used in the past. Include dates and circumstances of any change.	Date of Birth (month, day, year)	Eyes	Hair
	Place of Birth (City and State)		
	Social Security No.	Height	Weight
	Driver's License No., Expiration Date, and State Issued		
Home Address:	Home Phone:		
	Work Phone:		
	Cell Phone:		
Work Address:	E-mail address:		
Spouse/significant other name:		Date of Birth:	
Date Available for Work:			
<input type="checkbox"/> YES <input type="checkbox"/> NO –Are you a member of the Oregon State Bar? If “No”, when will you take the Oregon Bar Exam?			
<input type="checkbox"/> YES <input type="checkbox"/> NO –Are you related to or acquainted with any employee of the Washington County DA’s Office? If so, whom?			
<input type="checkbox"/> YES <input type="checkbox"/> NO - Have you or any immediate family member been arrested for or convicted of a felony, misdemeanor, or major traffic offense, whether as an adult or juvenile? If “Yes”, please describe on a separate page the general circumstances for the arrest(s). “Immediate family” is defined to include parents, spouse, spouse equivalent, brother, sister, children, grandparents, and any individual where the relationship is close or intimate. If “Yes”, please describe in detail on a separate page. An answer of “Yes” will not automatically disqualify an applicant.			
<input type="checkbox"/> YES <input type="checkbox"/> NO -Have you ever been the subject of a disciplinary inquiry as a student, as a member of a professional association or as an employee? If “Yes”, please describe on a separate page the general circumstances of the disciplinary inquiry; identify the tribunal (with reference number) and the resolution. An answer of “Yes” will not automatically disqualify an applicant.			

YES **NO**-Have you ever been dismissed, asked to resign, resigned to avoid dismissal, or resigned while under suspension or discipline from any employment or other position? If "Yes", please describe the circumstances on a separate page. An answer of "Yes" will not automatically disqualify an applicant.

List all addresses where you have resided during the last 10 years and dates you resided at each.

List your current and previous five employers, dates of employment, supervisors, and phone numbers.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

AUTHORIZATION

I authorize the Washington County District Attorney's Office to inquire into my background with regard to my character and qualifications. I specifically authorize Washington County to conduct a criminal record check on me, to contact my former employers for references, and any and all other persons or organizations for any information bearing my qualifications for employment. I request and authorize all persons and organizations to furnish any information requested.

I hereby certify that all statements made in my application are true and complete, and I understand that any misstatement of facts will subject me to disqualification or dismissal.

Signature of Applicant

Date of Application

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Washington County, Oregon District Attorney's Office. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Washington County.

I hereby authorize any representative of the Washington County District Attorney's Office to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the District Attorney's Office to consider in determining my suitability for employment with Washington County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, attendance records, polygraph examinations, and any disciplinary investigations, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary.

For and in consideration of Washington County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Washington County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Washington County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Washington County District Attorney's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.

APPLICANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

SIGNATURE _____ DATE _____