



# Jefferson County 911 Communications

## Authorization to Release Information

I, (please print clearly) \_\_\_\_\_, hereby grant permission to any person or entity, public or private, having any information concerning my background, including but not limited to, credit records, criminal law violations, education records, driving record, state tax records, employment records, professional licenses and disciplinary matters to release such information to a state agency. This information is to be used for possible employment with Jefferson County 911 Communications. I understand that if Jefferson County 911 Communications requests a national check of the Criminal History Records Information Database, I have the following rights: 1) To obtain a copy of any background check report; and 2) To challenge the accuracy and completeness of any information contained in any such report and obtain prompt determination as the validity of such challenge before a final determination is made by Jefferson County 911 Communications. I understand that if Jefferson County 911 Communications has a business necessity to request a credit history check, I will be provided a separate release form to sign. I further authorize, intend and understand that this release of information shall continue and remain in full force and effect at all times during my employment with Jefferson County 911 Communications and may be used at any time during my employment with Jefferson County 911 Communications

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Social Security Number\*\*

\_\_\_\_\_  
Other Names or Aliases

\_\_\_\_\_  
Email Address

\*\* Jefferson County 911 Communications is requesting your social security number under I.C. § 4-1-8 to accomplish statutory purposes. Disclosure is State Form Number 51334 (4-03).



Do you have a valid Drivers License? YES [ ] NO [ ]

License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

Have you had any traffic violations in the past three years? YES [ ] NO [ ]

If YES, Please indicate the offense \_\_\_\_\_

Do you have a CDL? YES [ ] NO [ ]

Class? \_\_\_\_\_

Have you ever been convicted or are you now under charges for any criminal offense? YES [ ] NO [ ]

(Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law)

If YES, give complete details:

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

CHARGES: \_\_\_\_\_

EDUCATION

EDUCATION	Name/ Address	Course of Study	Dates Attended	Diploma/ Degree
High School/ GED				
Technical School/ Community College				
Undergraduate School				
Graduate/ Professional School				
Other (Specify)				

Describe any certifications, specialized training, apprenticeship, skills and/or extra-curricular activities. Include any I.L.E.A. training, law enforcement training, IDOC training, office equipment, computer skills, foreign language skills and special honors that may relate to the position for which you are applying (Please include copies of all certifications/ training):

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**REFERENCES**

List three professional references that have not been your direct supervisor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List three personal references that are not related to you and are not previous employers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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MILITARY

Branch \_\_\_\_\_ M.O.S. \_\_\_\_\_

Training (List certifications) \_\_\_\_\_

DISCHARGE DATE: \_\_\_\_\_ (Provide copy of DD214)

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WORK HISTORY

Describe your work history beginning with your current/ most recent employer. Include Military and volunteer experience. Use Additional sheets if necessary. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary.

Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

Position Held \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties Include \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

Position Held \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties Include \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates: FROM \_\_\_\_\_ TO \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_

Position Held \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duties Include \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Have you ever been disciplined, fired and/ or asked to resign from any job? YES [ ] NO [ ]

If YES, explain \_\_\_\_\_

\_\_\_\_\_

A Resume may be attached only as additional information and will not be accepted in lieu of completing this section.

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

As a condition of employment by Jefferson County, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute to their supervisor. A report of the conviction must be made within five days after the conviction. (The requirement is mandated by the Drug Free Workplace Act of 1988.) In order to be employed by Jefferson County, you must successfully pass the screening test.

*By signing this form, you are acknowledging that you consent to such an examination and screening test and will abide by the Drug Free Workplace policy of Jefferson County.*

DATE \_\_\_\_\_ Signature \_\_\_\_\_

CERTIFICATION AND AGREEMENT  
AUTHORIZATION TO RELEASE INFORMATION  
CONDITIONS OF EMPLOYMENT

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any person or organizations to give you any and all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize any person, on behalf of Jefferson County, to obtain a criminal history check and a driving record.

I authorize you to request, receive and verify all information given in this application.

If I am employed by the Jefferson County Government, I agree to conform to the policies, rules and regulation of the government set forth in the Jefferson County Government's Personnel System, employee handbook, policies and procedures and acknowledge that these policies, rules and ordinances may be changed, withdrawn and/or added to by the employers at any time, at the employer's sole option. I have familiarized myself with the policies and ordinances.

I further acknowledge that if I am employed by the employer, my employment will be at-will and may be terminated with or without cause at any time, by me or by the employer until I become a non-probationary regular full-time employee.

If required by Jefferson County Government for the position I am applying for, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

Before an applicant can be selected for employment with Jefferson County Government, he/she must submit to a drug test screening. Should you be offered a job with Jefferson County Government, your position may require random drug test screenings as well.

May we contact your current employer(s)?      YES [  ]      NO [  ] Presently not employed [  ]

You must sign this "Authorization to Release Information" form to enable us to contact prior employers, even though we may contact your present employer.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**  
**Privacy Notice**

The following information is requested in order to ensure equal opportunity and for your record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you chose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

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**PART I:**

**RACE-** (Check only ONE)

White [ ]                      Hispanic [ ]                      Asian or Island Islander [ ]                      Black [ ]

American Indian or Alaskan Native [ ]                      Other [ ] \_\_\_\_\_

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**PART II:**

**SEX-** (Gender)

Male [ ]                      Female [ ]

**PART III:**

**AGE-**

Are you over 40?                      YES [ ]                      NO [ ]

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**PART IV:**

**DISABILITY-**

The Government defines an individual with a disability as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working)
2. Has a record of such impairment or
3. Is regarded as having such an impairment

In accordance with this definition, do you regard yourself as an individual with a disability?

YES [ ]                      NO [ ]

**EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I, \_\_\_\_\_, hereby agree, upon a request made under the drug/alcohol testing policy of Jefferson County, to submit to a drug or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test, under County policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination.

I further authorize and give full permission to have Jefferson County send the specimen or specimens so collected, to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release and all documentation relating to such test to the County and/ or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless Jefferson County, and any testing laboratory the county might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if the County or Laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the county and any testing laboratory the county might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT JEFFERSON COUNTY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

DATE \_\_\_\_\_Signature \_\_\_\_\_