

**PERMISSIBLE PURPOSE RELEASE FOR CREDENTIALING**

*(This form cannot be attached to a resume or application. It must be kept in a secure location. It contains important personal information)*

**INSTRUCTIONS TO APPLICANT:** Please read the following information carefully and complete all of the information requested. Be sure you sign and date this form.

As a condition of employment with Shelby County Fiscal Court, I understand that consumer reports/ investigative consumer reports, which may contain public record information, may be requested or made on me including financial, criminal, driving record, education, prior employer verification, and others. Further, I understand that you may be requesting information from records of various Federal, State, local and other agencies that contain my past activities.

I hereby authorize without reservation, any party or agency contacted by Shelby County Fiscal Court to furnish the above mentioned information and hold all of those involved in this process harmless for the information furnished and decisions made. I understand that I have the right to make a request of the third party that may be used in this investigation, and upon proper identification and the payment of any authorized fees, obtain copies of the findings in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Please print clearly. This information will be used to conduct the background search and errors may delay the employment process or cause misinformation to be reported about you. This information will be carefully protected and used only for the purpose for which it is being submitted.**

Print your name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/19\_\_\_

Former Names Used \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

College: \_\_\_\_\_ Year Graduated \_\_\_\_\_ Degree \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_ Year Graduated \_\_\_\_\_ Degree \_\_\_\_\_ Major: \_\_\_\_\_

\_\_\_\_\_

Professional License State \_\_\_\_\_ Type \_\_\_\_\_ License Number \_\_\_\_\_

Drivers License State of Issue: \_\_\_\_\_ Drivers License Number \_\_\_\_\_

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