

CITY OF ROGERSVILLE

CRIMINAL BACKGROUND RECORDS WAIVER OF LIABILITY, DISCLOSURE, AUTHORIZATION AND RELEASE.

CANDIDATES APPLYING OR VOLUNTEERING FOR, OR EXISTING EMPLOYEES, WORKING IN A POSITION REQUIRING A CRIMINAL BACKGROUND CHECK, COMPLETE THE FOLLOWING.

As part of the risk management process and its policies, The City of Rogersville will perform checks of criminal history records on existing employees, individuals seeking employment with the City of Rogersville. Including regular, seasonal, new hires and volunteers, who will work with children, individuals with disabilities and/or persons with frail and fragile physical circumstances or per-conditions, or other circumstances as the City of Rogersville deems necessary. Such individuals will be required to maintain satisfactory criminal history records as a condition of employment. In addition, the City of Rogersville may periodically perform background checks randomly on employees/volunteers who have been previously checked and who continue to be involved in a position with the City of Rogersville that would require such back ground checks to be done of such individuals.

In consideration of my employment or volunteer eligibility (or continued employment or volunteer eligibility if I am currently an employee or volunteer) with the City of Rogersville. (Please Print)

I, _____, hereby authorize and give consent for the City Of Rogersville to obtain information pertaining to possible criminal history on myself. This includes the following.

- Criminal Background checks/information
- Sex Offender Registry Information
- Addresses and social security number verification.

I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action any and all persons or entities who shall furnish such information to the City Of Rogersville, its officers, agents or employees, and The City of Rogersville, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. I understand that this release is signed, free from duress and with full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment or volunteer eligibility with the City Of Rogersville and that such information will be held in confidence in accordance with the City's guidelines.

(Please Print)

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

Drivers License Number: _____ State: _____

Position: _____

By my signature below, I hereby acknowledge the information outlined above and I also authorize the City of Rogersville to obtain such records.

Signature: _____ Date: _____

(If minor, (under age 18) signature must be accompanied by parent or Legal guardian's signature)

Parent or Legal Guardian signature.

_____ Date: _____