

**BROWN COUNTY HUMAN RESOURCES
AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION**

This document, when completed, will be used by the Brown County Human Resources Department for the sole purpose of conducting necessary background checks on potential candidates for positions with Brown County. Retention of this personal data will be kept separate from your application and will remain in the confidential files of the Brown County Human Resources Department.

The undersigned hereby authorizes inspection, review, copying and full disclosure of all records concerning myself to any representative of Brown County, Wisconsin, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information and records from any source, including, but not limited to the following:

1. Any educational institution.
2. Any business, public utility, financial or credit institution to obtain financial statements, records of loans, credit reports or ratings, or other records.
3. Military records including U.S. Veteran's Administration and Selective Service System.
4. Employment, past employment and pre-employment records including, but not limited to, applications, background reports, complaints or grievances filed by or against me, disciplinary reports or letters, performance evaluations, supervisors' comments, wage rates, and work records.
5. Records and recollections of attorneys at law, or other counsel representing me or any other person in any case, criminal or civil, in which I presently have, or have had, an interest.
6. Any public or private social service agency.
7. Friends, relatives, and neighbors.
8. Juvenile records.

I understand that any information obtained directly or indirectly pursuant to this release will be considered in determining my suitability for employment or in connection with continued employment.

I release any individual, institution, or organization, including its officers, employees, and related personnel both individually and collectively, from any and all liability for damages of whatever kind relating to the disclosure of this information.

This consent shall remain in effect for one year from this date or the duration of my employment or whichever is longer.

A photocopy of this Authorization shall be considered as valid as the original.

Signed this _____ day of _____, _____

Signature

Print Name

Please complete BOTH sides.

PLEASE PRINT

Position Applied for: _____			
Department: _____			
Legal Name _____			
(Last)	(First)	(Middle Name)	
Address _____			
(Street)	(City)	(State)	(Zip)
County: _____		Former Name(s): _____	
Former State(s) of Residence:			
_____		_____	
State	Dates resided (from/to)		
_____		_____	
State	Dates resided (from/to)		
Date of Birth _____		Place of Birth _____	
Race:			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> White	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Unknown		
Gender:			
<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Social Security Number: _____			
Email Address: _____			

Please complete BOTH sides.

***Return to: Brown County Human Resources Department
PO Box 23600
Green Bay, WI 54305-3600
FAX: 920-448-6277***

For Office Use Only:
Background check requested on _____ by _____ for _____
(Date) (Generalist)