MISSOULA COUNTY

DEPARTMENT OF HUMAN RESOURCES
200 W. BROADWAY
MISSOULA, MONTANA 59802

PHONE: (406) 258-4874
FAX: (406) 258-4863
www.co.missoula.mt.us

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

TO: _____

_____

As an applicant for a position with the Missoula County Sheriff's Department, I understand I am required to furnish information for use in determining my qualifications and suitability for employment. I understand this will include a review of my driving record and criminal history check. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment. This is deemed an occupational necessity due to requirements set forth by Montana State Statute.

I hereby authorize the representative of MISSOULA COUNTY bearing this release, or a copy thereof, within one year of its date, to obtain any information pertaining to me, including information of a confidential or privileged nature. I authorize my previous employers, physicians and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to MISSOULA COUNTY any and all information they may have concerning me.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of MISSOULA COUNTY. I further understand that I waive any right or opportunity, now and in the future, to read, review or otherwise discover the contents of this investigation and all documents related thereto.

I hereby release the agency with which I am seeking employment and any organization, company, institution or person furnishing information to that agency from any liability or damage which may result from furnishing the information requested.

PRINT LEGIBLY

_____
Printed full name)

_____ _____
Social Security Number Date of Birth

_____ _____
Signature Date

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(For Office Use Only)

I CERTIFY THAT I HAVE COMPLETED THE FOLLOWING:

☐ FINGERPRINT CHECK ☐ CJIN/NCIC QUERY ☐ iii Driving History Check

_____ _____
Sheriff's Representative Date

PROVIDE ALL OF THE FOLLOWING INFORMATION:

Full Legal Name:

_____

Any other names you have used:

_____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Issued By (state): _____

States in which you have resided or worked during the last 10 years:

_____

_____

List any felony convictions (City, State, Date, Offense):

_____

_____

List any Domestic Abuse Convictions (City, State, Date):

_____

_____

List any Driving While Intoxicated convictions (Location, Date):

_____

_____

List any traffic accidents you were involved in during the last 5 years (Provide Details):

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

Any misrepresentation or omission will result in your being disqualified from the recruitment.