

Background Investigation Disclosure and Authorization Form

By signing the release below, I hereby authorize Hillsborough County to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Hillsborough County.

I understand that my appointment is subject to satisfactory completion of a background investigation including verification of information I supplied in my application for appointment.

I release from all liability all persons, companies, and schools supplying such information. I release Hillsborough County from and indemnify Hillsborough County against any liability whatsoever in connection with such background investigation report and the use of the results obtained in the appointment process.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name: _____

(Please print) Other name(s) used: _____

Address: _____

City/State/Zip: _____

Date received degree (if applicable): _____

University/School degree earned from: _____

Social Security #: _____ DOB _____

Driver's License Number & State: _____

(Signature of Applicant)

(Date)