

**NOTICE AUTHORIZATION AND RELEASE FOR
CRIMINAL BACKGROUND CHECK**

County of Dearborn, Indiana
an Equal Opportunity Employer

I, _____ respectfully request and authorize
_____ to complete a criminal background check. This
information is to be used in the course of my application for employment with the County of Dearborn.
I hereby release _____, the County of Dearborn and any
organization assisting with the application process from any liability or damages which may result as a
result of furnishing the information requested.

Signature of Applicant

Date

Print Full Name

Social Security Number

Date of Birth (Note: date of birth is requested in order to obtain accurate retrieval of records.)

Current Address

City/State/Zip

Driver's License No.

State