

**EAST-CENTRAL DISTRICT HEALTH DEPARTMENT  
BACKGROUND INVESTIGATION AUTHORIZATION**

I authorize East-Central District Health Department (the “Company) or any of its agents to undertake a verification of the information I have provided, and to make an investigation of my background, references, character, credit history, past employment, education, criminal and police records, and to make other investigative checks, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application, resume or other documentation and/or obtaining other information which may be material to my application for employment or continued employment with the company. I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, worker’s compensation agencies, criminal, civil and federal courts, former employers and individuals named in my application to release information they may have about me.

I release East-Central District Health Department and/or its agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. I understand that East-Central District Health Department and/or its agents will adhere to any applicable state and federal statutes concerning the securing, handling and release of such information.

I certify that all of the statements I have made and all the information I have provided to East-Central District Health Department are true, including the information on this form, and agree that any false information, misrepresentation or omission of facts may result in cancellation of my application and/or immediate dismissal.

\_\_\_\_\_  
Name (First, Middle, Initial, Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today’s Date

_____			
Print First Name	Middle Name	Last Name	
_____			
Maiden Name and/or any other names used			
_____			
Present Address	City	State	Zip
_____			
Former Address	City	State	Zip
_____			
Date of Birth		Social Security Number	
_____		_____	
Drivers License Number		State Issuing Drivers License	
_____		_____	