

# Montgomery County Government

## Department of Human Resources

1 Millennium Plaza ▪ Suite 111

Clarksville, TN 37041

### AUTHORIZATION FOR LOCAL, STATE, OR FEDERAL GOVERNMENT TO RELEASE INFORMATION TO MONTGOMERY COUNTY GOVERNMENT

I, \_\_\_\_\_, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. §552a (supp. IV, 1974), and authorize the disclosure of any and all information maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing to Montgomery County Government or its designated representative. I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or of any rights I may have to an accounting of such disclosure.

I understand that this consent will be used by Montgomery County Government to request disclosure of information pertaining to me from any or all Local, State or Federal agencies. I understand that the scope of the information may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records.

This information is to be obtained for the purpose of conducting a pre-employment background investigation. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Print Full Name: \_\_\_\_\_

Print Maiden or Other \_\_\_\_\_

Name(s) Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Please Note:** Answers to any of the following questions does not automatically disqualify any applicant.

Do you possess a valid driver's license? Yes  No

Do you possess a valid commercial driver's license? Yes  No

Have you ever been fired from a job or resigned to avoid dismissal? Yes  No

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea? Yes  No

**Warning to Applicants:** By your signature you are certifying that the information you have provided is truthful and complete.

Falsification of information can result in denial of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Department	_____ No Record Found
Position	_____ Record Attached
Will operate a county vehicle?	_____ Active Warrant on File
Authorized Signature _____ Date _____	