



AUTHORIZATION

CRIMINAL RECORD CHECK/STREAMLINE VERIFY CHECK

I hereby authorize Washington County to investigate any criminal record information and/or Streamline Verify information in the procedure of processing my application for employment.

Further, I release and hold harmless Washington County and any person or entity supplying such information from any and all liability or responsibility in providing Washington County such information.

Please print all information:

NAME: _____
(FIRST) (Middle) (Last)

Maiden Name: (If applicable) _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Prior to applying with the County of Washington, have you been a resident of the Commonwealth of Pennsylvania for the last two or more consecutive years?

YES _____ **NO** _____

If you answered No above, please list additional states in which you have resided:

SIGNATURE

DATE