

# DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal/removal.** I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

## PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

DEPARTMENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

MAIDEN NAME / FORMER MARRIED NAME(S) / ALIAS NAME(S): \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Only for driving positions) (Please Write Clearly & Neatly) (Please Write Clearly & Neatly)

List your addresses for the last 7 (seven) years. Include the dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS:  YES  NO PLEASE EXPLAIN: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out and print clearly. It is important you understand this section completely.

Signature of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

If Applicant is under 18, signature of parent or legal guardian

Signature of parent or legal guardian: \_\_\_\_\_

\*\*Return completed form to the City of Idaho Falls Human Resources office\*\*  
Fax (208-612-8321) or email (ehome@idahofallsidaho.gov)