



Authorization & Release Form

To be engaged as a worker or volunteer for Williamson County, a prospective worker must satisfactorily pass a criminal history check. This form authorizes Williamson County to obtain criminal history information on the applicant.

Instructions: This form is to be completed by the applicant. Print legibly and complete all information requested.

Last Name:	First Name:	Middle Name:
Date of Birth: (M/DD/YYYY)	*SSN:	List any former names used:
Place of Birth: City, State, County	Driver's License number:	State License Issued:

* The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. Your SSN will be used to obtain this information as part of a background check. You are not required by law or other authority to disclose your SSN, however, failure to do so may result in the inability to complete the background check. Under Texas Public Information Act, your SSN will not be disclosed to the public.

List all locations where you have lived during the past 7 years, beginning with your present place of residence.

From M/DD/YYYY	To M/DD/YYYY	City	State	Zip Code	County

Acknowledgement and Authorization

I hereby authorize a duly accredited representative of Williamson County to check for any warrant or criminal history record information, to check DPS for driving records and sex offender registration records. Williamson County can also obtain any information from schools, previous employers and perform reference checks. This information may include: education history, work history, arrest and conviction records.

I hereby release Williamson County and all its officers, employees and entities providing information or reports, about me from all liability resulting from the use of information obtained as part of this background check. I certify that the information provided by me on this form is true, complete and correct to the best of my knowledge. I understand that any false information provided herein will void my application for employment and may result in termination. I further understand that a criminal history may disqualify me for employment at Williamson County.

The undersigned is the person legally liable for the support and care of the above named volunteer worker, and hereby grants permission for Williamson County to process a criminal history check of the above named child.

Signature of Parent/Guardian _____ **Date** _____

Parent/Guardian Phone Number: _____