

**AUTHORIZATION FOR SEARCH AND
EXCHANGE OF INFORMATION
Criminal History Record Checks**

I, _____ [Name of applicant for employment], hereby authorize Livingston County to submit a request to the Livingston County Sheriff's Department, Livingston County Sheriff, any other law enforcement agency or official and/or any court to conduct a search of any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize and direct the Livingston County Sheriff's Department, Livingston County Sheriff, any other law enforcement agency or official and/or any court that receives such a request to provide all criminal conviction information it possesses about me to Livingston County, and I hereby release such entities from any and all possible liability associated with the provision of such information and waive any and all rights I may have to bring any legal or equitable cause(s) of action against such persons/entities relating in any way to the provision of information, authorized by this release. This information may be used only by Livingston County for the purpose of determining my suitability for employment in the position(s) for which I have submitted an application for employment or examination. A copy of this authorization may be accepted as an original.

_____ Full Legal Name [Print] _____ Signature

Date: _____

All Other Names I Am/Have been Known By: _____

EMPLOYMENT REFERENCE LIABILITY RELEASE

I hereby authorize and direct my current and former employer(s) to release to Livingston County information regarding my employment. Such information may include: job titles held, dates of employment, wages/salary earned, benefits received, performance evaluations, supervisor opinions regarding my job performance, disciplinary records, attendance information, drug & alcohol test results, and any other information requested concerning my employment.

I hereby release my current and former employer(s) from any and all possible liability associated with the provision of information regarding my employment. I waive any and all rights I may have to bring any legal or equitable cause(s) of action against such employer(s) relating in any way to the provision of information, authorized by this release. I acknowledge that I have executed this release freely and that I have had the opportunity to consult with legal counsel before execution of this release.

Date: _____ Signature: _____

Print Full Legal Name: _____

Applicant's Name: _____