

**POLK COUNTY
OREGON DRIVERS LICENSE (ODL) AND CRIMINAL HISTORY CHECK (CCH)
AUTHORIZATION**

I voluntarily give my authorization to allow Polk County to conduct inquiries into my driving record through Department of Motor Vehicles as well as a criminal history background check (CCH) and/or Law Enforcement Data System (LEDS) check when applicable as part of the recruitment, selection, retention and/or volunteer process. I understand these background checks include both driving infractions and criminal convictions. Job offers are conditional upon passing this background check.

I have carefully read and understand this Authorization and Release and have voluntarily agreed to its terms to assist Polk County in meeting its business and due diligence needs. I further understand that all information and documents acquired by Polk County will be maintained as confidential and that Polk County will not release such information to me or to any other party.

By my signature, I attest that all information is true and accurate.

Print Full Name (First, Middle, Last)

Other Names Known by (if any)

Signature

Date

Social Security Number (SSN)

Date of Birth (DOB)

Drivers License Number

State of Issuance

Department

Male: Female:

*If I am, or become a Polk County employee, I understand that this authorization shall remain valid as long as I remain employed by Polk County.

OFFICE USE ONLY

New hire start date: _____

ODL/CCH Completed By: _____

Date: _____

A clear and valid ODL: Yes No Outstanding warrants: Yes No

Any criminal history: Yes No

This background check has been completed in accordance with the Polk County policy. No information received shall be re-released without the express permission of the Polk County Sheriff, Personnel, Community Corrections or Legal Counsel.