



Background Release Form

Please Read Carefully



Please PRINT legibly in INK and SIGN form. Do not leave any lines blank. Write N/A if a line does not apply to you.

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME	OTHER ALIASES	
PHYSICAL ADDRESS	CITY, STATE, ZIP	PHONE NUMBER
DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER
DRIVER LICENSE #	STATE ISSUED	EXPIRATION

Please list the states and/or countries you have lived in since you turned 18.

If you were convicted of a crime as an adult or pled guilty to a crime as an adult when you were under the age of 18, please list the state(s) in which the conviction(s) occurred.

BY MY SIGNATURE BELOW, I AUTHORIZE Lincoln County to complete a background check. This authorization is valid for purposes of verifying information given in connection with an application for volunteer work with Lincoln County.

BY MY SIGNATURE BELOW, I AUTHORIZE all corporations, current employers, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons, to release the following:

- Employment References
- Personal References
- Educational Degrees
- Professional Certifications or Licenses
- Driving Record
- Criminal Background
- Character References

Signature _____

Date _____

Print Name _____