Franklin County
Where Government Works

Commissioner John O'Grady • Commissioner Marilyn Brown • Commissioner Kevin L. Boyce
President

Department of Human Resources
Robert J. Young, Director

Authorization for Background Check and Employer Release of Information for Employment Purposes

Please print legibly.

Full Legal Name:_____
First Name **Full Middle Name** **Last Name**

Other names used in the past:_____

Social Security Number:_____-_____-_____ **Date of Birth**:_____/_____/_____

Race: _____ **Gender**: **Female**_____ **Male**_____

Phone Number:_____ **County of Residence**: _____

Current Address:_____
Street Address City State Zip

Years at current address:_____

Provide all additional addresses where you have lived within the past seven years, listing the most recent first. Please indicate street name, city, state, county, and number of years at each address. Attach additional sheet if necessary.

Street Name	City	State	County	# of years at address

Authorization

- ✓ I authorize the Franklin County Department of Human Resources to conduct a background check utilizing internal staff and/or a third party vendor. The background check may include, but is not limited to, criminal history, public and court records, social media, verification of education, licenses, certifications, and/or other credentials and employment verifications.
- ✓ I authorize my current and former employers to release information to the Franklin County Department of Human Resources regarding my work habits, performance and/or disciplinary records, ability to form effective working relationships with co-workers, technical skills and any other job-related information which will enable Franklin County to evaluate my suitability for employment.
- ✓ I have reviewed the information provided and understand the authorization statements. I understand that any falsification or omission of any information provided may disqualify me for this position.

_____ _____
Signature **Date**

For Agency Use Only

Agency: _____**Position to be filled:** _____**PCN #** _____

Upon selection, please fax completed form to Human Resources @ 614-525-6273