

## COUNTY OF DANE DEPARTMENT OF ADMINISTRATION EMPLOYEE RELATIONS DIVISION

City-County Building, Room 418 210 Martin Luther King Jr. Blvd. Madison, WI 53703-3342 (608) 266-4125 FAX 608/283-2973 TTY 608/266-4941 www.countyofdane.com

## AUTHORIZATION TO RELEASE CRIMINAL INFORMATION FOR EMPLOYMENT PURPOSES

| Name and<br>Address<br>of Applicant: |                         |
|--------------------------------------|-------------------------|
| Date of Birth:                       | Social Security Number: |

1. Have you ever been convicted of any violations of any State or Federal law, or any City or

County Ordinances (including traffic violations)?

 $\Box$  YES  $\Box$  NO

(If yes, please complete the chart on the back of this form)

2. To the best of my knowledge, the information on this form is true and complete. I understand that part of Dane County's review process includes a records check (i.e., motor vehicle traffic violation record, prior law enforcement convictions). In order for Dane County to access accurate information about me, I authorize Dane County to release my social security number and date of birth to authorized personnel. I understand that my social security number and date of birth will be kept separate from my application and will not be released beyond what is stated in this release. I understand that refusal to sign this release will cause Dane County to stop processing my application, and I, authorize Dane County to use the information above to check my criminal background.

Signature:

**Date Signed** 

**California, Minnesota and Oklahoma applicants only:** You have the right to a free copy of any consumer reports or investigative consumer reports obtained on you if you check this box: I wish to receive a free copy of the report.

After you read, completed and signed this form, please return it to the person/office who gave it to you to fill out.

## **RECORD OF LAW ENFORCEMENT CONVICTIONS**

If you have you ever been convicted of any violations of any State or Federal law, or any City or County Ordinances (including traffic violations), please complete the following chart. If additional space is needed, please attach separate sheets. Please know that this information will only be used if relevant to the position for which you are applying.

| Date | Municipality/County/State | Law Violated | Disposition<br>(fine, sentence, bail, etc.) |
|------|---------------------------|--------------|---|
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|      |                           |              |   |
|      |                           |              |   |
|      |                           |              |   |