

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Walla Walla County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

1. Dates of employment;
2. Positions held when started and left;
3. Performance level, duties, responsibilities, strong and weak points;
4. My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
5. My relationship with co-workers and supervisors;
6. My attitude toward work (cooperative? positive? etc.);
7. Reason for leaving;
8. Eligibility for rehire;
9. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others.
10. Any other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

Educational Institutions:

1. Years of Attendance;
2. Degree(s) Attained;
3. Grade Point Average; and
4. Transcript.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 *et seq.*, the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 *et seq.*, and specifically waive those rights understanding that the information furnished will be used by Walla Walla County and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Walla Walla County and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Walla Walla County and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Applicant Signature

Date

(Printed Name)

Position Applied for

Date

I certify that the answers given herein are true and complete.

This application for employment shall only be considered for the department and position named on page 1 of this document. I understand that an additional application packet must be completed for each position applied for.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized party of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date