



Clark County Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

HR USE ONLY

- Reprint
- Name Check
- No Process

I have made an application with Clark County and hereby authorize release of any record of criminal history pertaining to me be released to Clark County Human Resources. I hereby release any individual from any damage or liability in furnishing said criminal history records to the listed prospective employer. I understand that my employment/business with Clark County is contingent upon the results of a criminal background check that may take several months to complete. I understand I may be terminated from employment or business without rights to the position if I begin employment/business with Clark County before the results of the criminal background check is received by Clark County.

FOR APPLICANT USE ONLY

Name: _____

Signature: _____

Date of Birth (DOB): _____ Birthplace (Country/State): _____

Sex: Male Female Height: _____ Weight: _____

Eye/Hair Color: _____ SSN#: _____

Race (Please select one that best applies to you): _____

FOR DEPARTMENT USE ONLY

This section must be completed entirely for processing

Requesting Department: _____ Date: _____

Requester's Name: _____ Phone: _____

Applicant's Name: _____

Job Title/Position: _____

CJIS/SCOPE Access: Yes No

FOR HR USE ONLY

Processed By: _____

Processed Date: _____