



# Lyon County Courthouse

Human Resources Department

430 Commercial Street

Emporia, KS 66801

## BACKGROUND CHECK: Authorization to Obtain Background Check And Authorization for Release of DMV Records

I, \_\_\_\_\_, understand that driving a LYON COUNTY KANSAS vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow LYON COUNTY KANSAS to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a LYON COUNTY KANSAS vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's License prior to hire if I do not already have one.

I understand that LYON COUNTY KANSAS will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release LYON COUNTY KANSAS, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information nor my failure to be hired for the position for which I am applying. This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize LYON COUNTY KANSAS to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county and federal courts, military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to LYON COUNTY KANSAS.

I release from all liability all persons, companies, schools supplying such information, I indemnify LYON COUNTY KANSAS against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

(Print) Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date received HS/College/Technical degree (if applicable): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Kansas? Yes \_\_\_ No \_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_