



DOUGLAS COUNTY BOARD OF COMMISSIONERS

CONFIDENTIAL CONSENT FORM

I hereby authorize the Douglas County Board of Commissioners to retrieve my criminal/driver's record as a condition of **Employment/continued Employment** and/or **Volunteering/continued Volunteering** and/or **Internship/continued Internship** with Douglas County Government.

PLEASE PRINT CLEARLY

_____ /
Print Full Name (No Initials)

_____ /
Street Address

_____ /
City, State and Zip Code

_____ /
Social Security Number

_____ /
Date of Birth

_____ /
Driver's License Number/State

_____ /
Applicant's Signature

_____ /
Date

Please Check One:

- Male
- Female

Please Check One:

- White/Caucasian
- Black/African American
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native

Please check if any are applicable:

- Disabled Veteran
- Vietnam Era Veteran
- Handicapped Individual

FOR HUMAN RESOURCES DEPARTMENT USE ONLY	
Department: _____	Position: _____

- Driving
- Not Driving

Start Date: _____

_____ /
Human Resources Signature

_____ /
Date