



DISCLOSURE AND CONSENT FORM FOR BACKGROUND INVESTIGATION

Requirement to Disclose: If you answer “YES” to question 5E and/or 5G, you must complete Section 1 and 4 and then 2 and/or 3 as applicable. Ask for additional sheets if needed.

SECTION 1

Last Name	First Name	Middle	Position Applying for	
Address	City	State	Zip	Telephone
Date of Birth	Social Security Number	Former Names/aliases/a.k.a		

SECTION 2: Removal from Employment Explanation

Name of Employer: _____
 Address: _____
 Job Title: _____
 Dates of employment: _____
 Reason(s) for removal from employment: _____
 Further explanation: (attach additional pages if necessary) _____

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SECTION 3: Conviction and/or Pending Charges Explanation

Name of Crime: _____ Type: Misdemeanor Felony
Date of Crime: _____ Name and Location of the Court: _____
Adjudication: Guilty Not Guilty Dismissed
Year Convicted (if not pending): _____ Age at Time of Offense: _____
Name Offense Committed Under (if different than current): _____
Explain the circumstances of the offense: (attach additional pages if necessary) _____

List all evidence that exists regarding your rehabilitation: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not affect your fitness to perform the duties and responsibilities related to the position applied for: (attach additional pages if necessary) _____

Explain why your conviction(s) and/or pending charges will not be a hindrance to the County's legitimate interest in protecting property, and the safety and welfare of specific individuals or the general public: (attach additional pages if necessary) _____

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Signature: _____ Date: _____

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Signature: _____ Date: _____

SECTION 4: Certification and Authorization to Access Additional Information

By my signature below,

I, _____, certify that information I provided on this form and any attachments is true, correct and complete.
Print Name

I understand that providing false or incomplete information or withholding by omission or intention pertinent information may be cause for disqualification of my application for employment. I understand that the County of Cortland may contact other individuals to clarify and verify information supplied on this form.

I acknowledge and consent to a State and national criminal background investigation, which will include a fingerprint check to determine suitability for employment. Failure to meet the standards of the background investigation may result in disqualification.

I authorize law enforcement agencies, learning institutions (including public and private schools and universities), courts (federal, state and local), motor vehicle records agencies, my past and present employers, the military and other individuals and sources to furnish any and all information on me that is requested by the County of Cortland.

I agree that this Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the County of Cortland.

I acknowledge that I have read, understood and agreed freely to the requirements, consents, and authorizations.

Signature: _____ Date: _____

ADDENDUM

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