

Consent Form to Request Information for a Criminal Background Check

I understand Sedgwick County will conduct a criminal background check as part of the procedure for processing my application for employment or to volunteer.

I understand the information contained in the criminal history background check will be available only to those persons involved in making employment decisions or performing the background investigation. I also understand that this information will be used for the purpose of making an employment decision, but that a conviction will not necessarily preclude me from employment / volunteering with Sedgwick County. Any / all information will be used to evaluate suitability for employment based on a variety of circumstances, including the nature of the crime, recentness, and type of position sought.

Volunteer New Hire Department _____

APPLICANT:

Last Name: _____

Middle Name: _____

First Name: _____

Date of Birth: _____ S.S.#: _____

Drivers License Number: _____ State: _____

Have you ever been charged, arrested and/or convicted of a crime? NO YES

If you answered yes, list all convictions and unresolved charges, arrests and the outcome regardless of how long ago. Please attach additional pages if needed.

Date (Or Estimate)	Charge, arrest Or Conviction	County	State	Outcome

Provide additional information* surrounding the arrest charges, and/or convictions.

CONSENT – Read before signing

I hereby consent to the pre-employment criminal background check as described above and authorize Sedgwick County to obtain reports concerning my background through any investigations or bureaus that Sedgwick County may choose. To the extent authorized by law, I shall indemnify, save and hold harmless the County of Sedgwick, its employees and agents, against any and all claims, damages, liability, and court awards including costs, expenses, and attorney fees incurred as a result of, or in connection with this background information and investigation. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, I may be denied the position or dismissal from service if discovered after employment.

Signature: _____ Date: _____

Printed Name: _____

*If you have any potentially disqualifying crimes or conditions, a weighing test will determine whether you are suitable for the position. Information that is useful to making that determination includes:

- What happened when you were arrested and/or convicted?
- What did you do as a result? (List any treatment, counseling, rehabilitation, education, training or lifestyle changes that were a consequence.)
- What employment have you held since then that would demonstrate responsible behavior?
- How is your criminal history relevant to the position you are seeking?

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Sedgwick County in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have Sedgwick County and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Sedgwick County. I further agree to and hereby authorize the release of the results of said tests to Sedgwick County.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Sedgwick County.

I further agree to hold harmless Sedgwick County and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Sedgwick County's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____