

**AUTHORIZATION AND RELEASE
CRIMINAL BACKGROUND CHECK**

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Name: _____

Dated: _____

Prior Names or Alias: _____

Date of Birth: _____

Applicant's Address: _____

Previous Addresses in the last five years including State and County of residence:

Applicant's Driver's License Number: _____

Applicant's Social Security Number: _____

Applicant's Telephone Number: _____

I hereby acknowledge that pursuant to Ind. Code § 10-13-3-27 I give the Employer, Pulaski County, my consent to obtain a criminal background check from the State of Indiana. Any and all information obtained will be used only for the purpose of determining potential employment. The Pulaski County Sheriff's Department is authorized pursuant to this statute to release a limited criminal history.

Employee's Signature: _____
