

**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:* \_\_\_\_\_  
\_\_\_\_\_