



Clark County Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

I have made an application with Clark County and hereby authorize release of any record of criminal history pertaining to me be released to Clark County Human Resources. I hereby release any individual from any damage or liability in furnishing said criminal history records to the listed prospective employer. I understand that my employment/business with Clark County is contingent upon the results of a criminal background check that may take several months to complete. I understand I may be terminated from employment or business without rights to the position if I begin employment/business with Clark County before the results of the criminal background check is received by Clark County.

FOR APPLICANT USE ONLY

Name: _____ Phone: _____

Legal name (as shown on ID): _____ State ID _____ State DL _____ PSPRT _____ MIL ID _____

Date of Birth (DOB): _____ Birthplace (Country/State): _____

Gender: M F Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ SSN#: _____

Race: (Please select one that best applies to you):

African American/Black American Indian/Alaska Native Asian/Pacific Islander Caucasian Hispanic/Latino Two or More Races

Previously Fingerprinted for Clark County: Yes No Approx month/year: _____

Signature: _____

FOR DEPARTMENT USE ONLY**This section must be completed entirely for processing**

Requesting Department: _____ Date: _____

Requester's Name: _____ Phone: _____

Applicant's Name: _____ Out of State: _____

Job Title/Position: _____ Part Time: _____

Location: _____ Youth Interaction _____

CJIS/SCOPE: Yes No Vendor: Yes No NCJIS/NCIC LETTER: _____

FOR BACKGROUND USE ONLY

Processed By: _____ Processed Date: _____