

Attachment

Authorization for Reference Checks, Criminal History Checks and Drug and Alcohol Testing

I have applied for employment with Miller County Ambulance District. As a part of the application process, I understand that Miller County Ambulance District will conduct a background and reference check which may include a review of public records, criminal history check, and inquiries of my former employers and references regarding my qualifications and suitability for employment, as well as verification of any information I have provided in this application. As part of this inquiry, I understand that the Miller County Ambulance district will obtain a report of criminal history information and driver's license history, from applicable law enforcement agencies, or, in some cases the Federal Bureau of Investigation, and that applicable state law may prohibit the employment of persons convicted of certain crimes. I also understand that the application process includes a Drug and Alcohol test, which may also be conducted at various times throughout my employment. I hereby give my permission to any of my references to release to Miller County Ambulance District any information regarding my work and volunteer experience, including, but not limited to performance of expected duties and disciplinary information, to Miller County Ambulance District.

I hereby authorize Miller County Ambulance District to conduct this background and reference check, as well as a Drug and Alcohol screen as part of the application process, and I release from liability Miller County Ambulance District and its representatives for seeking, gathering, and using such information. I also release any individual or entity from any liability whatsoever for providing Miller County Ambulance District with any information concerning my qualifications and suitability for employment, including the former employers and personal references.

I authorize Miller County Ambulance District to send a copy of this authorization to my listed references or anyone else contacted by the District to provide information about me.

Signature

Date

Print Name

Date of Birth

Address

Social Security Number