

**CRIMINAL BACKGROUND CHECK
AUTHORIZATION FORM
The Baca County Sheriff's Posse Search & Rescue
TO BE COMPLETED BY CANDIDATE**

PLEASE PRINT ALL REQUESTED INFORMATION.

Name: _____

Last First Middle

Other Names Used: _____

Current Address: _____

City/State/ZIP Code: _____

Social Security #: _____ **Date of Birth*:** _____

Driver's License # _____ **State of Issue:** _____

In connection with my involvement with the Baca County Sheriff's Office, I hereby authorize the Baca County Sheriff's Office to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release Baca County Sheriff's Office and its employees, from all liability resulting from the furnishing of this information to Baca County Sheriff's Office. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for involvement, or could result in disciplinary action up to, and including termination.

Signature: _____ **Date:** _____