

WASCO COUNTY
Employee & Administrative Services
Department

RELEASE AND WAIVER

APPLICANTS NAME: _____ **Date:** _____.

Important: Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise the information provided in the employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify Wasco County (hereinafter referred to as the "County") if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired.

_____Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any) and any other person or entity with knowledge of me. I also authorize the County to contact my present employer (unless otherwise noted in the application), past employers, and listed references. I understand that if my position is one which warrants such an inquiry, the County may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the County, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form and accompanying resume, if any, and any other person or entity with knowledge of me to provide the County with any information and opinion which the County regards as useful to it in making a hiring decision, and I release such persons and organizations from any legal

liability in making such statements or furnishing any and all information which the County may seek.

_____Initials

I understand and agree that for safety-sensitive positions with the County, I may be required to take a pre-employment drug and/or alcohol test as a condition of hire or continued employment. I agree to consent to take such test at such time as designated by the County, and I agree to release the County, its commissioners, officers, agents or employees from any claim arising in connection with the tests and the use of such tests.

_____Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to County ordinances and rights provided by written contract. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

_____Initials

Signature:_____Date:_____.