

**LIBERTY COUNTY  
CONSENT TO BACKGROUND AND REFERENCE CHECK**

APPLICANT NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I hereby authorize Liberty County and/or its agents to make investigation into my background, references, character, past employment, consumer reports, education, and criminal history record information, which may be any state or local files, including for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I hereby consent to Liberty County's verifying all the information I have provided on my application form. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Liberty County with information it may request pursuant to this release. I understand that any false answers or statements or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

A telephone facsimile (fax) or copy of this consent shall be considered as valid as the original consent.

APPLICANT:

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)