

NOTICE

I authorize any investigator(s) or other duly authorized representative(s) of Luzerne County to obtain any information relating to my activities and background from individuals, schools, employers, criminal justice agencies or other sources of such information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, financial and credit information as well as criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for a position of trust and confidence with Luzerne County.

I authorize Luzerne County, its representative(s) as well as those within the Luzerne County Human Resources Office, conducting my employment-suitability background investigation to disclose the record of my employment-suitability background investigation.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator(s) or other duly authorized representative(s) of Luzerne County. I understand that the information released by records custodians and sources of information is for the sole use of Luzerne County Human Resources Office and the Administrative Office of Luzerne County. This information will not be released by Luzerne County to anyone else unless authorized by law or the undersigned herein.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Date of Birth	Social Security Number	Home Phone