



Office of the District Attorney

Harris County, Texas

BACKGROUND CHECK RELEASE AND WAIVER

I hereby authorize the Harris County District Attorney's Office to conduct a background investigation including work history, personal reference and criminal history record inquiries to determine my acceptability for employment, and hereby release the Harris County District Attorney's Office from any liability arising from the background investigation.

I understand that I must pass the background investigation in order to be considered for appointment in the District Attorney's Office. If I do not pass the background investigation, I understand that I will no longer be considered for employment.

I understand that if the District Attorney's Office concludes that there is disqualifying information as a result of a background investigation, if there is an offer of employment it will be withdrawn and I will be subject to immediate dismissal. I also understand that if I falsified or omitted required information, or failed to cooperate with reasonable investigations related to my application for this position, my employment may be terminated.

NAME (PLEASE PRINT)

SIGNATURE (NO TYPING OR ELECTRONIC)

DATE

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Office of the District Attorney, I am required to furnish information for use in determining my qualifications for this position. In this connection, I authorize any individual, firm, corporation, or public agency including any former or current employer to release all information that the individual, firm, corporation, or public agency including any former or current employer may have concerning me, including information of a confidential or privileged nature, and to provide copies of documents as may be required by the District Attorney's background investigator.

I hereby release you, your organization, or others from liability or damage that may result from providing the information requested. This authorization expires one year after the date signed.

NAME (PLEASE PRINT)

SIGNATURE (NO TYPING OR ELECTRONIC)

DATE

BACKGROUND CHECK INFORMATION

APPLICANT

Date: _____

Last Name First Name Middle Name Other Last Names

CURRENT ADDRESS: _____

City, State, and Zip: _____

PERMANENT ADDRESS: _____

City, State, and Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver License Number: _____

Issuing State: _____

Social Media Accounts (include your account name):

Facebook _____ Twitter _____ Instagram _____ Other _____