

City of La Pine
Criminal Report Disclosure and Authorization
(Employment Application Supplemental No. 1)

IF REQUESTED BY CITY, THIS SUPPLEMENTAL MUST BE COMPLETED, SIGNED, AND RETURNED TO CITY. IF REQUESTED BY CITY, THIS SUPPLEMENTAL WILL BECOME PART OF YOUR APPLICATION.

Name:

Last	First	Middle
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Address:

Street / PO Box	City	State	Zip
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Social Security No.: _____

I understand that if I receive an offer of employment from City, the job offer will be made subject to City's completion of a background and/or criminal history investigation. This investigation will be made subject to and in accordance with applicable law. The conviction of a crime will not necessarily disqualify me from employment. City will evaluate my particular circumstances and will consider, among other things, the nature and severity of the crime, the time elapsed since the conviction, and the nature of the position for which I am being considered.

By signing below, (a) I authorize City to complete an investigation into my background and criminal history, including obtaining any necessary or appropriate criminal investigative reports, and (b) I release City (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with City's investigation into my background and/or criminal history.

Applicant's Signature

Date