



84TH / 316TH COUNTY COMMUNITY SUPERVISION
AND CORRECTIONS DEPARTMENT

511 S. Main, 3rd Floor
Perryton, Texas 79070-3154
(806) 435-8048
Fax (806) 435-3756

Jennifer Rhoden
Director

PRE-EMPLOYMENT/EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment (including contract for services)/employment with the 84th/316th Judicial Districts Community Supervision and Corrections Department (Hutchinson County CSCD), I authorize without reservation, any party or agency contacted by this employer to finish the following information:

| | |
|--|-------------------------------------|
| Education Information | Social Security Search |
| Consumer Credit Information | Previous Employment Information |
| License Information | Criminal Record Information |
| Driving Record | Civil Court Case Information |
| Workman's Compensation Information | Motor Vehicle Information |
| Social History | Medical Records/Reports/Information |
| Testing Information (psychological, mental, management, personality, etc). | |
| Other: _____ | |

I understand that the reports will include information regarding my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers.

I authorize without reservations, any party or agency contacted by this employer to furnish the above mentioned information.

I understand that his consent terminates/expires when the purpose for which it was requested has ended.

The entities that can receive the information in whole or in part, on a need to know basis, for employment related purposes are:

84th/316th District Courts (Judges)
84th/316th Districts Community Supervision and Corrections Department (Hutchinson County CSCD)
Texas Department of Criminal Justice, including all its Divisions
Other: _____

I hereby consent to your obtaining the above information from CIC and/or of their licensed agents. I understand to aid in the proper identification of my file or records the following information, as well as other information, is necessary.

PRINT OF TYPE:

Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ Sex: _____ Race: _____

Driver's License #: _____ State: _____

Current Address: _____

City/State/Zip: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____

Perspective Employer: Hutchinson County CSCD

NOTICE TO RECEIVING AGENCY, PARTY OR PERSON: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit any future disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.