Consent Form/Applicant Data
CONFIDENTIAL

Douglas County Board of Commissioners
An Equal Opportunity Employer: M/F/V/H

FOR HUMAN RESOURCES DEPARTMENT USE ONLY
Department Name:_____ **Position:**_____

I hereby authorize the Douglas County Board of Commissioners to retrieve my criminal/ driver's record as a condition of my employment/continued employment with Douglas County.

_____
Please Print Full Name (No Initials)

_____
Street Address

_____
City, State & Zip Code

_____ _____ _____
Social Security Number **Date of Birth** **Driver's License Number**

_____ _____
Signature **Date**

_____
Requestor

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Please check one: ☐ Male ☐ Female

Please check one:: ☐ White/Caucasian ☐ Black/African-American
☐ Hispanic ☐ American Indian/Alaskan Native
☐ Asian/Pacific Islander

Check if any of the following are applicable: ☐ Vietnam Era Veteran ☐ Disabled Veteran
☐ Handicapped Individual

◊◊◊◊ Please return to Human Resources Department marked "CONFIDENTIAL" ◊◊◊◊

January 2009