



OLYMPIC AREA AGENCY ON AGING O3A

Applicant Background Inquiries

Employment References Release and Waiver of Liability

Please read carefully before signing

I hereby authorize Olympic Area Agency on Aging to solicit and receive information from my past employers and other references.

I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against O3A for such inquiries and each employer, its officers, agents, directors, or representatives who provide employment information to O3A.

Applicant Signature

Date

Criminal Background Check Authorization

Employees of O3A may have access to confidential and sensitive information related to vulnerable adults and children. For this reason, all prospective employees must agree to authorize O3A to conduct a criminal background check. At some point the final steps of the selection process, you will be requested to sign a form that authorizes O3A to conduct a Washington State Patrol Criminal background check.

I understand O3A will conduct a WSP criminal background check in the final steps of the selection process.

Applicant Signature

Date

Print Name