



BOB HERMANN
 DISTRICT ATTORNEY
 WASHINGTON COUNTY
 Justice Services Building
 150 N. First Avenue, Suite 300, MS 40
 Hillsboro, Oregon 97124
 (503) 846-8671
 FAX: (503) 846-3407

POSITION APPLIED FOR: _____

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Work Phone: _____

E-mail address: _____ Cell or Pager #: _____

Date of Birth: _____ Social security number: _____
MONTH/DAY/YEAR

Nickname(s), maiden name, or other names by which you have been known:

Driver's license #: _____ Expiration date: _____ State: _____

List other States in which you've had a driver's license: _____

Spouse/Significant Other Name: _____ DOB: _____
 SSN: _____

B. RESIDENCES – List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year, attach extra page if necessary.

DATES	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. EXPERIENCE AND EMPLOYMENT

Have you ever been discharged for failing to pass a probationary period?

No Yes

Have you ever been discharged from any position?

No Yes If yes, why?

Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending? No Yes

Are you related to or acquainted with anyone who works in the District Attorney's Office?

No Yes

If yes, name and relationship: _____

D. LEGAL

Have you ever been arrested or convicted of a crime?

No Yes

If yes, complete the following

POLICE AGENCY AND CRIME CHARGED	CITY & STATE	DATE	DISPOSITION OF CASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has a relative or someone in your household been convicted of a crime within the past five years? No Yes

Name and DOB: _____ Relationship to you: _____

Name and DOB: _____ Relationship to you: _____

If yes, complete the following

POLICE AGENCY AND CRIME CHARGED	CITY & STATE	DATE	DISPOSITION OF CASE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved as a party in civil litigation? No Yes

If yes, give details: _____

E. MOTOR VEHICLE OPERATION

Has your driver's license ever been suspended or revoked?

No Yes

If yes, give date, location and reasons: _____

AFFIRMATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection.

SIGNATURE IN FULL

DATE COMPLETED

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

DATE _____ SIGNATURE _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Washington County, Oregon District Attorney's Office. The County needs to thoroughly investigate my employment background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Washington County.

I hereby authorize any representative of the Washington County District Attorney's Office to obtain any information in your files pertaining to my employment records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for the District Attorney's Office to consider in determining my suitability for employment with Washington County. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. This release does not authorize the release of any medical records.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, attendance records, polygraph examinations, and any disciplinary investigations, including any files which are deemed to be confidential or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary.

For and in consideration of Washington County's acceptance and processing of my application for employment and background check, I agree to hold harmless and indemnify Washington County, its officers, agents, and employees from any claim or liability associated to my background check and any decision to employ, not employ, or cease employing me with Washington County. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to the Washington County District Attorney's Office for their use in conducting this background check.

A photocopy or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature above.