



KEVIN BARTON
WASHINGTON COUNTY DISTRICT ATTORNEY

150 North First Avenue, Suite 300, MS 40, Hillsboro, Oregon 97124-3002
(503) 846-8671 / (503) 846-3407 (fax)
www.WashingtonCountyDA.org

**APPLICATION FOR EMPLOYMENT
AND BACKGROUND INVESTIGATION AUTHORIZATION
WASHINGTON COUNTY DEPUTY DISTRICT ATTORNEY**

Personal History – Information requested for required record and background check.

List your current name (last, first, middle) and any names you have used in the past. Include dates and circumstances of any change.	Date of Birth
	Place of Birth (City and State)
	SSN
	Driver's License No., Expiration Date, and State Issued
Home Address:	Current phone number(s):
Work Address:	E-mail address:
Spouse/significant other name:	Date of Birth:
Date Available for Work:	
<input type="checkbox"/> YES <input type="checkbox"/> NO –Are you a member of the Oregon State Bar? If “No”, when will you take the Oregon Bar Exam?	
<input type="checkbox"/> YES <input type="checkbox"/> NO –Are you related to or acquainted with any employee of the Washington County DA's Office? If so, whom?	
<input type="checkbox"/> YES <input type="checkbox"/> NO - Have you or any immediate family member or household member been arrested for or convicted of a felony, misdemeanor, or major traffic offense, whether as an adult or juvenile? If “Yes”, please describe on a separate page the general circumstances for the arrest(s). “Immediate family” is defined to include parents, spouse, spouse equivalent, brother, sister, children, grandparents, and any individual where the relationship is close or intimate. “Household” is defined as those living together in the same dwelling. If “Yes”, please describe in detail on a separate page. An answer of “Yes” will not automatically disqualify an applicant.	
<input type="checkbox"/> YES <input type="checkbox"/> NO -Have you ever been the subject of a disciplinary inquiry as a student, as a member of a professional association or as an employee? If “Yes”, please describe on a separate page the general circumstances of the disciplinary inquiry; identify the tribunal (with reference number) and the resolution. An answer of “Yes” will not automatically disqualify an applicant.	
<input type="checkbox"/> YES <input type="checkbox"/> NO - Are you currently or have you been a witness to a criminal case in the last 5 years? If yes, please	

describe in detail on a separate page. An answer of "Yes" will not automatically disqualify an applicant.

YES **NO**-Have you ever been dismissed, asked to resign, resigned to avoid dismissal, or resigned while under suspension or discipline from any employment or other position? If "Yes", please describe the circumstances on a separate page. An answer of "Yes" will not automatically disqualify an applicant.

List all addresses where you have resided during the last 10 years and approximate dates you resided at each.

List your current and previous five employers, dates of employment, supervisors, and phone numbers.

1.

2.

3.

4.

5.

6.

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

SIGNATURE _____ DATE _____

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.

The information furnished in your Statement of Personal History and all the information supplied by you for the application process will be treated as confidential to the extent permitted by Oregon Law; and is to be utilized for the purpose of enabling the Washington County District Attorney's Office to determine your qualifications and to assist in the hiring decision. The Statement of Personal History is the property of Washington County District Attorney's Office and will not be returned to you. In addition, any reports, information, or feedback that we receive because of the background investigation, are the property of Washington County District Attorney's Office, and will only be released at the authority of the Department Director.

Information voluntarily submitted by background sources in response to a request for information will be treated as confidential if so, requested by the provider, pursuant to ORS 192.355(4). Washington County obliges itself not to disclose background information submitted in confidence if the provider requests confidentiality, as there is a strong public interest in obtaining complete and accurate background information. Disclosure of confidential background information harms the public interest in making providers of background information reluctant to share this information, and thus encourages the hiring of law enforcement professionals who may have significant background issues that would have precluded employment had the information been known to Washington County.

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, it's 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, fax, or electronic mail transmission of this release shall be valid as an original, even though such copy does not contain my original signature. This release is valid for six months from the date of my signature above.