EMPLOYMENT POLICIES AND RELEASE FORM

Background Review Activities

The following investigative activities may be conducted by Osceola Council on Aging as part of the background review of prospective employees. Your signature on this release form indicates you understand these activities and you authorize them to be performed with the conditions specified, as listed below.

1. Certain positions at Osceola Council on Aging may not be held by persons convicted of specified crimes. If you are applying for such a position and have been convicted of a felony, please note this below. If more space is needed, please provide the additional information on a separate piece of paper. In addition, you authorize Osceola Council on Aging to undertake a criminal records check and an abuse check with state and local police officials.

2. You authorize Osceola Council on Aging to obtain a Motor Vehicle Records report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle it is imperative that a good driving record exists.

3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability which could relate in any way to the disclosure of private information of an assessment or opinion of your suitability for employment.

4. You understand than an offer of employment must originate from the Chief Executive Officer or Human Resources of the Osceola Council on Aging.

In closing, we ask that you read (and complete where needed) the remaining three (3) statements and that your signature on this Release Form indicates you understand each.

1. I have read and understand the job description for the position of __________________ as approved on the date of ________________.

2. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.

3. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

____________________________________  ____________________
Signature                                                                                   Date

NOTE: COMPLIANCE WITH COMPLETION OF THIS FORM DOES NOT IMPLY THE INDIVIDUAL HAS RECEIVED A JOB OFFER.