![CRESA 9-1-1 logo]

Authorization for Release of Information
Basic Background Check (05.061-F2)

Full Legal Name: _____   _____   _____
                         Last Name   First Name   Middle Name

Other Names / Nickname(s) / Also Known As: _____

Date of Birth: _____   _____   _____
                         Month   Day   Year

Do you have a current Drivers License? ☐ Yes ☐ No   Driver Lic. number? _____
                                                          Which State issued? _____

I authorize Clark Regional Emergency Services Agency (CRESA) and/or the Clark County Sheriff's Office on behalf of CRESA to run a basic background check for any current wants or warrants by law enforcement agencies.

- I understand that any information obtained by this background check will be considered in determining by suitability for employment by or volunteer service for Clark Regional Emergency Services Agency.

- I understand that falsification, misrepresentation or omission of any facts pertaining to this background check will be cause for denial of employment and/or volunteer service or for immediate termination of employment and/or volunteer service regardless of the timing and circumstances of discovery.

- I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of the background check will result in withdrawal of any offer of employment and/or volunteer service or termination of employment or service.

- I understand that if contradictory results are found, additional information may be requested of me to help verify and ascertain identity and/or validity of the background check results.

This release will be valid for up to one month from the date of applicant's signature below. A photocopy of this release form will be valid as an original, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature: _____   **Date:** _____

Office use only:

1.	Division Contact – Complete section below and forward signed basic background to On-Duty Dispatch Supervisor for processing.

Division Contact Name: _____   Date Requested: _____

CRESA Division: ☐ 911 Dispatch   ☐ Admin   ☐ Emer Mgmt / EOC   ☐ EMS   ☐ Tech Svcs

2.	On-duty Dispatch Supervisor – Run name(s) to determine current wants or warrants. Complete documentation below. Forward completed results back to Division Contact.

Check Conducted by (PSN): _____   Date Check Conducted: _____

Wants & Warrants Results: ☐ Clear (wants & warrants)   ☐ Not Clear (wants & warrants)

☐ Incorrect / Insufficient information to run: (comments) _____

3.	Division Contact – After logging results, forward original form and results to Human Resources, for filing.