

Warren C. Evans Wayne County Executive

BACKGROUND INVESTIGATION FORM

RE: Employment with the County of Wayne

I,	le or of a
must be disclosed. Yes No	
If "yes", to the above question, explain in full detail the nature of the charge (s), date (s) and the curre disposition.	nt
Required Information:	
NAME: Date of Birth:	
Print Full Name Month/Date/Year	
Gender: Female Male Race: Driver's License#:	
Last four (4) digits of Social Security #: XXX-XX-	
CERTIFICATE OF APPLICANT: My signature below certifies that all the information provided in this application is true. I understand and agree of any misstatement of material facts contained in this application may cause me to forfeit all my rights to employment with the County of Wayn understand that any claims related to this application will be fully waived if not brought within 180 days. I further certify that this application made under my correct legal name. I authorize my former employers to furnish any and all information concerning my previous employment. Wayne County Department of Personnel/Human Resources. I hereby release my former employers from any liability for providing this information concerning my previous employment, as a condition of employment, may run a complete check of any possible reference, background and criminal records I might have.	ne. I is to th
DATE:SIGNATURE:	
DO NOT WRITE DELOW THE LINE	_
DO NOT WRITE BELOW THIS LINE	
{ } NO BACKGROUND RECORD ATTACHED { } BACKGROUND RECORD- ATTACHED	