



BACKGROUND HISTORY CHECK – RELEASE AUTHORIZATION FORM

163 E. Gower | PO Box 368 | Cannon Beach, OR 97110 | Phone: 503-436-1581 | Fax: 503-436-2050

The City of Cannon Beach is authorized by ORS 181.555, ORS 802.179, and Cannon Beach Municipal Code 17-09 to conduct criminal and driving record background checks to qualify an individual for employment, volunteer service, or licensing. In conducting criminal and driving record background checks, the City of Cannon Beach may use information maintained by OSP, FBI, DMV, law enforcement agencies, and other record resources.

I authorize the City of Cannon Beach to obtain arrest information, criminal history records, and driving records. I hereby authorize release of information, which may be considered, in evaluating my qualifications. This authorization allows for City of Cannon Beach to obtain information of a confidential and privileged nature.

| Application Information | | |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------|
| Date: | Volunteer Position, Employment Position, or License: | |
| Full Name: | | AKA's: |
| Date of Birth: | SSN: | Driver's License / State ID #: |
| Criminal History | | |
| Have you ever been arrested and/ or convicted of any crime? (If yes, list date, charge, location) ____ Y ____ N | | |
| | | |
| | | |
| Motor Vehicle Operation | | |
| Have you ever been cited or arrested for a motor vehicle crime or violation? (If yes, list date, charge, location) ____ Y ____ N | | |
| | | |
| | | |

By signing below, I verify the information I provided on this document is true and accurate and subject to verification. I understand that any false statements or omissions may deny me from volunteer service, employment, or licensing with the City of Cannon Beach. I specifically waive any rights to review or inspect any of the information obtained.

Dated this ____ day of _____, 20____

Signature of Applicant

State of OREGON

County of Clatsop

Signed (or attested) before me on _____, 20____

by: _____

Applicant Name

Notary Public – State of Oregon

NOTICE TO EMPLOYERS:

Oregon Revised Statute 30.178 states: "An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by a preponderance of the evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon showing that the information disclosed by the employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under ORS chapter 659.