

Consent For Criminal Background Check

Your signature below authorizes the City of Salem and Criminal Information Services, Inc. to conduct a criminal background investigation about you by obtaining information about you from various law enforcement agencies, courts, and corrections agencies. The Criminal Background Check investigation will include, but is not limited to, a nationwide search for all municipal, county, state, and federal criminal history, will encompass at least the previous seven (7) year period, and will include all entries wherein you are mentioned as being arrested, cited, or charged, for any crime, violation infraction, or offense, including all dispositions of the matters; any entry naming you as a suspect in any crime, violation, infraction, or offense, including all dispositions of the matters; and any entry naming you as a witness, victim, complainant, or otherwise involved in or named in any report by any member agency of the City of Salem.

The City of Salem will not publicly disclose the information provided by the applicant for the background check, subject to the requirements of Oregon public records law.

Please print, sign, and date where indicated.

Full Legal Name: _____

Current Address: _____ **City:** _____ **State:** _____

Other Names Used: _____
(Maiden, alias', legal name change, etc.)

DOB: _____ **DL#:** _____ **State:** _____

Previous Addresses (County/State if OUTSIDE of Oregon) in past 7 years:

Applicant's Signature:

I have reviewed and completed this form as applicable to me, and I understand this revocation must be made in writing. I give the City of Salem and Criminal Services, Inc. permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

I, and all of my successors and heirs, hereby forever release the City, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City for the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

Applicant Signature: _____ **Date:** _____

If the above applicant is under 18 years of age, as the parent/guardian, I agree to the above statements in their entirety.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Please return completed form using one of the following methods:

- **Upload** the completed consent form to the application prior to submitting your Board or Commission Application
- **Mail** to: City of Salem, **Attn: City Recorder**, PO Box 14300, Salem, OR 97309
- **Drop-off** (in a sealed envelope labeled “Confidential”) at: City of Salem, Customer Service Desk, **Attn: City Recorder**, 440 Church St SE, 5th Floor, Salem, OR (Business Hours are M-F, from 8AM – 5PM)
- **Email** to: Cityrecorder@cityofsalem.net