Permission to Perform Background Check
Chester County Adult Probation & Parole Department

I hereby give the Chester County Adult Probation and Parole Department the right to make a thorough investigation of my background including:

- Criminal Record
- Driving Record
- Personal References
- Past Employment/Volunteer Status
- Educational/Professional Status

And any other persons or sources as appropriate for the position for which I have expressed an interest.

I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless the County of Chester from any liability which might result from such an investigation.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for certain positions and that all such information collected during the check will be kept confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give their full and honest evaluation of my suitability of the described position and such other information, as they deem appropriate.

Signed:_____Date: _____

Witnessed:_____Date: _____

Name: _____ _____ _____
(Last) (First) (Initial)

DOB: ____/____/_____ Social Security #_____-_____-_____

Driver's License # _____ State issued: _____