|  |  |  |
| --- | --- | --- |
| Sheriffs star - white background | **ORANGE COUNTY SHERIFF-CORONER DEPARTMENT** |  |
| **P.O. BOX 449** | DON BARNES |
| **SANTA ANA, CALIFORNIA 92702** | SHERIFF-CORONER |
| **TELEPHONE (714) 834-5311** |  |
| **AUTHORIZATION TO RELEASE INFORMATION** |  |

**(NON-SWORN APPLICANT)**

TO WHOM IT MAY CONCERN:

|  |  |  |
| --- | --- | --- |
| I am an applicant for the position of |       | with the Orange County  |

Sheriff-Coroner Department. As a matter of department policy, my prospective employer is required to conduct a thorough investigation into my personal, medical, and psychological fitness to serve in this capacity.

I hereby direct you, your organization, its Custodian of Records, and/or persons in your employ to release all information which you may have concerning me, including information which may be confidential, privileged and/or derogatory in nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public Law 93-380), medical, surgical, psychological and dental records if I am offered employment with this agency (pursuant to the Medical Information Act, Civil Code Section 56 et. Seq. and C.F.R. 1630), credit and financial information (pursuant to Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300 [b][10]), and/or any other information that you possess. By signing this form, I acknowledge that I have received notice and have provided consent for the Orange County Sheriff’s Department to use this information to conduct such a background investigation, which may include the searching of public databases, private databases, criminal justice databases, and law enforcement databases including, but not limited to, COPLINK, LINX, C-ALL, DDEX, and NDEX.

I exonerate, release and discharge you, your organization, its officers, agents and assigns, from any liability or damages, whether in law or in equity, for furnishing the truthful information requested by the bearer of this authorization form.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The signing of this document authorizes its execution and acknowledges that I have received a copy of it.

**THIS RELEASE WILL EXPIRE ONE YEAR AFTER THE DATE OF SIGNATURE.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL NAME: |  |  | ADDRESS: |       |
| (Full Legal Signature) | (Signature to be witnessed) |  |  |  |
| PRINT NAME: |       |  | CITY/STATE: |       |
|  |  |  |  |
| DATE: |       |  | TELEPHONE: |       |
|  |
|  |
| A notary public or other officer completing this certificate verifies only the identity of the individual who signed thedocument to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. |
| State of California |  |
| County of |       |
| On |       |  before me, |       |  |
|  | (insert name and title of the officer) |
| personally appeared |       |  |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.WITNESS my hand and official seal. |
| Signature |  | (Seal) |
|  |  |

revised 02/07/19

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| Sheriffs star - white background |  |  |  |  |  |
| SHERIFF’S DEPARTMENT |  |  |  |
| **ORANGE COUNTY** |  | [ ]  | Medical Student |
| SANTA ANA, CALIFORNIA |  | [ ]  | Residency Student |
|  |  |  |  |
|  |  |

***DON BARNES***

***SHERIFF-CORONER PERSONAL HISTORY FORM***

|  |  |
| --- | --- |
| INSTRUCTIONS: | All answers are to be typewritten or printed legibly in black ink. Each question on this form must be answered, leaving no blanks. If the question does not apply, enter “DNA” in the space provided for the answer. Any false statement made on this questionnaire will cause the applicant’s name to be removed from the eligible list or be cause for immediate dismissal if an appointment was made. Please make sure all addresses are complete (i.e.: number, street, city, state and zip code). |

**PART I PERSONAL DESCRIPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Legal Name | Last      | First      | Middle      |
| 2. Aliases-Nicknames (List all names you have ever been known by and the circumstances)      |
| 3. Date of Birth      | 4. Social Security Number      |  |
| 5. Sex      | 6. Height      | 7. Weight      | 8. Hair Color      | 9. Eye Color      |
| 10. Scars, tattoos, or other distinguishing marks.      |  |  |

***PART II RESIDENCE INFORMATION***

|  |
| --- |
| 11. Residence address (Number, Street, City, State, Zip Code) |
|       |
| 12. Mailing Address (if different than residence) |
|       |
| 13. Home Phone Number | 14. Work Phone Number | 15. Mobile Phone Number |
|       |       |       |
| 16. Email Address      |

# PART III COMMUNITY INFORMATION

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| --- |
| 17. List in chronological order every city or community in which you resided in the past five (5) years.Begin with your present residence and work backwards. Include the state or territory applicable.(**Specify N, S, E, W, St., Dr., Pl., Ave., City and State and Zip Code**) |
| From      | To      | Address      |
| Name of Local Law Enforcement Agency      |
| From      | To      | Address       |
| Name of Local Law Enforcement Agency      |
| From       | To      | Address      |
| Name of Local Law Enforcement Agency      |
| From       | To      | Address      |
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| Name of Local Law Enforcement Agency      |
| From       | To      | Address      |
| Name of Local Law Enforcement Agency      |

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| Applicant’s Signature |  | Date  |

Form created 02/07/19