



OFFICE OF THE GOVERNOR

BACKGROUND AND LIABILITY WAIVER

I understand that in connection with this application for appointment an investigation of my personal and business background will be conducted. I hereby authorize the release of any and all information pertaining to myself, businesses or educational institutions in which I participated, including information of a confidential or privileged nature in the possession of government or private agencies or individuals. I hereby release all such agencies or individuals who furnish such information from liability for damages, which may result from furnishing the information requested.

Date: _____

Applicant Name (please print): _____

Applicant SSN: _____

Applicant DL#: _____

Applicant Date of Birth: _____

Applicant Signature: _____

Email or Fax to:

appointments.office@gov.ca.gov

916-558-3190



OFFICE OF THE GOVERNOR

AUTHORIZATION AND RELEASE

A consumer credit report *may* be requested and used for employment purposes in connection with this application for appointment. The source of the report will be a major national credit reporting agency, such as EXPERIAN, TRANSUNION, or EQUIFAX. In the event such a request is made, I will be notified of intent to do so prior to the report being requested and a copy of the report will be provided to me.

I hereby authorize the procurement of this report.

Date: _____

Applicant Name (please print): _____

Applicant Signature: _____

Email or Fax to:

appointments.office@gov.ca.gov

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