



COUNTY OF FRANKLIN

STATE OF TEXAS

AUTHORIZATION FOR EMPLOYMENT BACKGROUND CHECK AND DRUG SCREENING

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Franklin County to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Franklin County will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the County's choice for criminal background check, drug screening and request for driving record. I understand that if the job I am applying for requires me to operate a vehicle owned by Franklin County, my driving record will be requested from the Texas Department of Public Safety on an annual basis. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Printed Name of Applicant