Background Check Disclosure, Authorization and Release for Prospective Appointment as a Member, Director or Deputy Director of a Board of Elections

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Secretary of State's office may request investigative reports on you from various public and private reporting agencies. The Ohio Secretary of State's office will use any such report(s) solely for appointment and employment related purposes.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Secretary of State's office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, driving record checks, state tax information, etc.

Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Secretary of State in conjunction with my application for prospective appointment as a Member, Director or Deputy Director of a county board of elections. I also authorize disclosure to the Ohio Secretary of State and/or the background check vendor of information concerning my motor vehicle history and standing, criminal history, state tax information and all other information the Ohio Secretary of State deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; motor vehicle records agencies; state tax agencies; and other applicable sources. I hereby release and hold the vendor and the Ohio Secretary of State and his employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my appointment or employment.

I understand that if I am appointed or hired, my consent will apply throughout the term of my appointment or employment to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Secretary of State.

I understand that providing any false information or omitting any material information on my resume and/or Questionnaire for Prospective Appointment as a Member, Director or Deputy Director of a County Board of Elections may be sufficient grounds for rejection of the application or termination of the appointment or employment whenever discovered.

Printed Name:_____

Signature: _____

Date Signed:_____