

Background Information Form



Maricopa County
Ryan White Planning Council Applicants

4041 North Central Avenue
Suite 1537 • Phoenix, AZ 85012-3330
(602) 506-6321 phone
(602) 506-6896 fax
PlanningCouncil@mail.maricopa.gov

Please Print

Full Name: _____
First Middle Last

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License No.: _____ State: _____

Date of Birth: _____

Social Security No.: _____

1. Other than minor traffic offenses or parking violations, have you ever been convicted of **any** crime. If yes, please explain, providing the specific crime you were convicted of, and giving dates and jurisdictions. *Note: Criminal convictions do not automatically disqualify nominees from the Ryan White Planning Council.*

2. Please list all other names you have used for any purpose (including maiden name).

3. List all previous addresses where you have lived during the past five years.

Waiver of Liability and Release

READ CAREFULLY BEFORE SIGNING

In order for Maricopa County to process my application to or nomination for the Ryan White Planning Council, I, hereby agree to the following terms and conditions:

1. The term "background check" as used in this document, refers to any and all information and sources of information that Maricopa County, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness and eligibility as a member of the Ryan White Planning Council.
2. I authorize any person or entity contacted by Maricopa County officers, agents or employees during the course of my background check, to furnish to such officers, agents, or employees any information they may have which is reasonably related to my placement on the Ryan White Planning Council including, but not limited to records maintained by the United States Armed Forces, any court or law enforcement agency, any university, college or other educational institution and any current or previous employer.
3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, all person or entities who shall in good faith furnish any information or records to the officers, agents or employees of Maricopa County who conduct my background check and agree to release Maricopa County, its officers, agents and employees from all liability for acts necessary to conduct and finalize the investigation.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representatives.

Applicant Signature

Date

Witness Signature

Date

Authorization to Obtain Confidential Records

I, _____,
please print

in connection with my nomination to the Ryan White Planning Council, authorize Maricopa County to examine or receive copies of any records maintained by the United States Armed Forces; any court or law enforcement agency, any university, college or any other education institution; or any past or current employer, in the manner and to the same extent as if I personally applied for the same, and I hereby authorize such records to be disclosed or furnished upon request made on behalf of Maricopa County.

Applicant Signature

Date

Witness Signature

Date