



Adult Care Home Program

Aging, Disability and Veterans Services Division
421 SW Oak Street Suite 650
Portland, OR 97204
Phone: 503-988-3000

AUTHORIZATION FOR RELEASE OF EMPLOYEE PERSONNEL INFORMATION

Instructions to the Applicant:

- Please complete an Authorization for Release of Employee Personnel Information form to each employer listed in the Work History section of your application.
- Submit all signed Authorizations for Release of Employee Personnel Information to The Adult Care Home Program with your application.
- Keep a copy of all completed forms for your records

I, _____, hereby request and authorize _____,
Name of Applicant *Name of Employer*

at _____
Employer Address

to release to the Multnomah County Department of County Human Services, Adult Care Home Program, information regarding my past performance and any other requested information as it may relate to complaints, if any, made against me during my employment with former Employer(s).

I hereby release and waive any and all claims against Former Employer(s) and/or its agents, employees, representatives, and others acting on Former Employer's behalf which might arise out of the release of personnel information.

I hereby release and waive any and all claims against Multnomah County Department of County Human Services, Adult Care Home Program and/or its agents, employees, representative and others acting on the County's behalf which might arise out of the request for such personnel information.

Signature of Applicant Employee/Former Employee

Printed Name of Applicant Employee/Former Employee

Date