

# Caroline Detention Facility Background Investigation Release



Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City/County State Country

I am a prospective (check one):  Employee  Contractor  Volunteer

By my signature, I authorize and consent to the release and disclosure to the Caroline Detention Facility any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, financial information, birth & citizenship records, arrests/convictions (criminal & traffic), and any other background information, including any incidence of sexual misconduct, according to the Prison Rape Elimination Act (PREA).

I have authorized this information to be released, either in writing or via telephone, in connection with my potential work relationship with the Caroline Detention Facility. Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

A photocopy or facsimile of this release form will be valid as an original, even though the photocopy does not contain my original signature.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Witness Signature & Date