



KAMALA D. HARRIS
DISTRICT ATTORNEY
CITY AND COUNTY OF SAN FRANCISCO

May 18, 2010

**SAN FRANCISCO DISTRICT ATTORNEY
AUTHORIZATION FOR BACKGROUND INVESTIGATION**

Please be advised that the San Francisco District Attorney's Office may collect public records about you in connection with your application for employment, and/ or at any time during your employment with the San Francisco District Attorney's Office if you are a volunteer, hired, or if you are a current employee, for employment purposes including, but not limited to, reassignment, promotion, retention, and rehiring.

Such public records may include information concerning your character, general reputation, personal characteristics, and/ or mode of living. Examples of public records may include but are not limited to, criminal background reports and motor vehicle driving records. You have waived your right to receive copies of such public records by signing below. However, if an adverse action is taken in respect to your employment based on information contained in such public records, a copy of such record(s) will be provided to you.

Failure to disclose prior arrests, convictions or present false information will result in the disqualification of your application and/or dismissal of your assignment at the San Francisco District Attorney's Office.

Your signature below acknowledges that you have read and understand the above discloser.

Signature: _____ Date: _____

Please fill out the attached form and attach a photocopy of your driver's license.

**SAN FRANCISCO DISTRICT ATTORNEY
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Name:

First	Middle	Last
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Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State in which issued: _____

_____ Single _____ Married _____ Divorced _____ Widowed

Current address: _____

Number	Street
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City	State	Zip Code
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How long at this address: _____

Phone Number(s): _____

Circle One Home Cell Work	Home Cell Work
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Previous address: _____

Number	Street
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City	State	Zip Code
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How long at this address: _____

Have you ever used, or been known by another name? ___ Yes ___ No

If so, please give details:

Have you ever been arrested? _____ Yes _____ No _____ Date

If so, please give details:

Have you ever been convicted of a crime? ___ Yes ___ No ___ Date

If so, please give details:

I hereby authorize a thorough and detailed background investigation:

Authorized by:

Print Name

Signature