



# SHASTA COUNTY OFFICE OF EDUCATION

*Providing leadership and assistance to the  
districts in Shasta County and ensuring all students  
have equal access to a quality education*

**Superintendent**  
Tom Armelino

**Board of Education**  
Linda Bradford  
Diane Gerard  
Rhonda Hull  
Steve MacFarland  
Linda McBride  
William Stegall  
Elizabeth "Buffy" Tanner

## RELEASE OF EMPLOYMENT INFORMATION

I have applied for a position with the Shasta County Office of Education. I understand and agree that part of the employment decision is an investigation and verification of information, which I have provided or will provide on my application for employment and during my employment interviews. I understand that these investigations will be conducted by the Shasta County Office of Education and/or its authorized agents to assist the Shasta County Office of Education in determining my qualifications for the position I am seeking.

I request and authorize you to furnish the Shasta County Office of Education, or its designated representatives, any and all documents and information, whether or not such information is maintained by you in writing, that you may have concerning my work record, performance evaluations, attendance and relations with co-workers, and including any background investigation report you may have. Such information shall include but not be limited to my entire personnel file and all of the circumstances surrounding the termination/cessation of my employment with you or with any other employer. This release shall apply notwithstanding any agreement I might have with you to not disclose information concerning my employment.

I release and hold harmless and shall indemnify and protect you, your officers and employees, the Shasta County Office of Education and its officers, agents, and employees from any and all claims, expenses, attorney's fees, liability, judgments, loss, injury, or damage which may result from furnishing the information requested above.

This form is one of the required documents for applying for a position with the Shasta County Office of Education. A copy of this form may be used in lieu of an original.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: Electronic signature will be accepted in lieu of a written signature. By using this process, you agree that you are using an electronic signature in lieu of a paper-based signature. You acknowledge and agree that your electronic signature is legally binding.**

Position Applied For: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Social Security Number (optional) XXX-XX- \_\_\_\_\_