

TO: Maureen Palmietto
MIP Secretary
Via Fax: 868-4160

DATE: _____

Retailer's Inquiry on Applicant's Prior Offenses

Applicant's Name: _____

SSN: _____

DOB: _____

I, the undersigned, do hereby authorize the Prosecutor's Office of Greene County, Missouri and its employees to conduct an investigation in respect to my application for employment with _____. I understand this investigation is not limited to past criminal convictions and will encompass all past and present contacts I may have had or have with law enforcement, regardless as to whether those contacts resulted in criminal charges being filed, and regardless of the ultimate disposition of any case in which criminal charges were filed. I also understand that this investigation is ongoing, and includes any future contacts I may have with law enforcement. I understand the information obtained in such investigation may include any type of contact with law enforcement as described above, and agree to hold Greene County Missouri, the Prosecutor's Office of Greene County Missouri, and its employees harmless from any liability for any damages, including but not limited to actual, direct, special, indirect, incidental or consequential damages, caused by conducting such investigation.

I, the undersigned, do hereby authorize the Prosecutor's Office of Greene County, Missouri and its employees to release any information obtained in the course of above described investigation to _____ in connection with my application for employment and any future employment with _____. I understand that in no event shall Greene County Missouri, the Prosecutor's Office of Greene County Missouri, or its employees be liable for any damages, including but not limited to actual, direct, special, indirect, incidental or consequential damages, caused by sharing information obtained as a result of such investigation with _____. I understand that _____ is solely responsible for how it uses any information obtained as a result of such investigation and is solely responsible for any offer or refusal of employment it extends.

Applicant Signature: _____

Date: _____