King County Department of Adult and Juvenile Detention
Community Corrections Division
Work Education Release Program
Employment Verification and Release of Information Form

Instructions: *This completed form must be submitted to CCD with the Conditions of Conduct Order and the Commitment/Transfer Order. Employment will be verified prior to being admitted to Work Education Release. If CCD is unable to verify employment, the Referring Court will be notified.* <u>*PLEASE PRINT LEGIBLY*</u>.

Defendant Name _____   Date of Birth _____

Cause Number(s) _____   Charge(s) _____

Court _____   Judge _____

Attorney _____   Phone _____

Prosecutor _____   Phone _____

Defendant Phone _____   Email _____

Defendant Home Address _____

City/State/Zip Code _____

Job Title _____

Name of Employer _____

Name of Supervisor _____

Work Phone _____   Work Email _____

Work Hours/Schedule _____

Rate of Pay _____ Hourly ☐   Weekly ☐   Bi-Weekly ☐   Monthly ☐   Other ☐ _____

Pay Dates _____

Payment Type: Payroll Check ☐   Direct Deposit ☐   Debit Card ☐   Other ☐ _____

Length of Time with Employer _____

Worksite Location: Fixed ☐   Multiple ☐ _____

Transportation to and from work: Bus ☐   Drive ☐   Carpool ☐   Walk ☐   Other ☐ _____

I certify that the above information is true and correct. I understand that my admittance into Work Education Release is subject to verification of the above information.

Signature _____   **Date** _____

King County

Department of Adult and Juvenile Detention
Community Corrections Division
500 – 5th Avenue,
Seattle, WA 98104
(206) 477-2316 voice
(206) 296-1797 fax

<u>WORK EDUCATION RELEASE</u>
<u>AUTHORIZATION FOR DISCLOSURE OF EMPLOYMENT INFORMATION</u>

I, _____ Birthdate: _____

also known as (alias) _____

authorize: _____

        (Employer Name)

_____

        (Employer Address)

to release to: <u>King County Community Corrections Division</u>
        <u>500 5th Avenue, Seattle, WA 98104</u>

Employment records during the period of: _____
for the purpose of verifying employment, work schedules, and rate of pay.

I hereby authorize King County Community Corrections staff to make whatever contact and investigation necessary to confirm information I provided in the process of applying for participation in the Work Education Release.

This consent expires at the termination of my participation in Work Education Release. Participation in this program expires on _____ (provided I am entitled to all Good Time credits). If the authorization does not contain an expiration date, it expires ninety (90) days after it is signed.

_____   _____
Signature of Applicant   Date   Witness

_____   _____
Applicant's Address   Signature of Translator