KEIR E. BOETTCHER
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TRIAL TEAM SUPERVISORS

DAWN THOMPSON ADMINISTRATIVE SERVICES MANAGER

PAIGE E. CLARKSON DISTRICT ATTORNEY

MARION COUNTY DISTRICT ATTORNEY
P.O. BOX 14500, 555 COURT ST NE
SALEM, OREGON 97309

CONCETTA F. SCHWESINGER SUPPORT ENFORCEMENT TRIAL TEAM SUPERVISOR

SUSANA ESCOBEDO VICTIM ASSISTANCE DIRECTOR

ROBERT ANDERSON CHIEF MEDICAL LEGAL DEATH INVESTIGATOR

MARION COUNTY DISTRICT ATTORNEY'S OFFICE PRE-EMPLOYMENT AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I understand and agree to the following terms:

My employment with the Marion County District Attorney's office is contingent upon investigation of my background, including but not limited to, character, criminal and arrest history, past employment and education.

I understand that this document, signed by me, authorizes the Marion County District Attorney's Office to investigate employment records, criminal records and any other records necessary to determine job-related qualifications for a position with the Marion County District Attorney's Office.

I certify that I have never been arrested or convicted for any crimes other than a minor traffic violation nor have I been discharged for cause. Any exceptions are fully explained in writing and attached to this document. Should any of the statements or claims stated herein be found false, I fully understand that I may be terminated and disqualified from future employment considerations with the Marion County District Attorney's Office.

The recipient of a copy of this signed document is hereby authorized and indemnified to divulge information concerning my character, criminal history, education and past employment and to allow a delegated representative of the Marion County District Attorney's Office to examine such records. I hereby release you, your organization and others from any liability or damage which may arise from furnishing information requested.

Signature	
Date of birth	
Any other last names used	
Witness	
Date	