

**Background Check Authorization Form Consent
for Criminal/Education Background History
Check
Authorization/Waiver/Indemnity**

Each employee or volunteer to be screened must sign an authorization/waiver/indemnity form, giving approval for Main Street Marion or its agent(s) to perform a criminal or educational background check.

I hereby give my permission to Main Street Marion or its agent(s) to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by Main Street Marion. and a procedure is available for clarification if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Main Street Marion and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of Main Street Marion) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant's Signature

Date

Applicant's Printed Name (last, first)

List maiden name or any other name used

Gender: Male Female

Date of Birth (month/day/year): _____

Address History (past 5 years required)

Social Security Number: _____

Current Address: _____
Street

City State # Yrs at Address

Previous Address: _____
Street

City State # Yrs at Address

Previous Address: _____
Street

City State # Yrs at Address

Previous Address: _____
Street

City State # Yrs at Address

***Volunteers may be required to pay for the Criminal Background Check (if there is a charge)**

OFFICE USE ONLY:

Please indicate how payment was made. Check: ___ Check #: _____ Cash: _____

County Screening Performed: Grant Marion Delaware

Other: _____ Other: _____

Other: _____ Other: _____

Background check search completed by: _____ on _____

Sex Offender search completed by: _____ on _____

Human Resources Signature: _____ Date: _____

Military Services Check completed by: _____ Date: _____

Educational Background search completed by: _____ Date: _____