



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

Each employee or volunteer to be screened must sign an authorization/waiver/indemnity form, giving approval for Score at the Top Learning Center & School to perform a criminal background check.

I hereby give my permission to **Score at the Top Learning Center & School** 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 Score at the Top Learning Center & School 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 the Score at the Top Learning Center & School 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 the Score at the Top Learning Center & School) 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
M / F

DOB (MM/DD/YYYY)
____ / ____ / _____

SSN
_____ - _____ - _____

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Address History (past 5 years required)

Current Address, # years at this address ____:
Previous Address, # years at this address ____:
Previous Address, # years at this address ____:
Previous Address, # years at this address ____:
Previous Address, # years at this address ____: