

**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 Ruth Eckerd Hall, Inc. to perform a criminal background check.

I hereby give my permission to Ruth Eckerd Hall, Inc. 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 Ruth Eckerd Hall, Inc. 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 Ruth Eckerd Hall, Inc. 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 Ruth Eckerd Hall, Inc.) 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

Parent or Guardian Signature (if applicant is under 18 years) _____
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: Pinellas Hillsborough Pasco

Other: _____ Other: _____

Other: _____ Other: _____

Background check search completed by: _____ on _____

Sex Offender search completed by: _____ on _____

Human Resources Signature: _____ Date: _____