CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY

Each applicant, staff member, or volunteer who is to be screened must sign an authorization/waiver/indemnity form giving approval for the Village of Salado to perform a criminal background check.

I, the undersigned, hereby give my permission for the Village of Salado 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, deferred adjudications, and delinquent conduct committed as a juvenile. Information obtained may also include any charges pending or not disposed of. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify the Village of Salado, its officers, directors, employees, and agent, and hold them harmless from and against any and all courses 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 Village of Salado 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 or employee.

It is my understanding that the Village of Salado will rely on information provided by the Texas Department of Public Safety, Bell County, Village of Salado Police Department, and/or the Village of Salado Municipal Court. I understand that the Village of Salado will not release my record to me, nor discuss anything contained thereon with me, and that if I have questions regarding the information contained therein, I must contact the reporting agency in order to clarify such information

I understand that this form in no way constitutes legal advice, and that if I require any legal advice, it shall be obtained privately and at my own expense.

_____
Applicant Signature

_____
Printed Name

_____
Date

_____ _____
DL # State

_____
Date of Birth