

## 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 City of Temple to perform the criminal background search.**

*I, the undersigned, hereby give my permission for the City of Temple 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 City of Temple, its officers, directors, employees and agents, 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 City of Temple 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 City of Temple will rely on information provided by the Texas Department of Public Safety, Bell County, City of Temple Police Department and City of Temple Municipal Court. I understand that the City of Temple 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 agencies 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's Signature
Date

Printed Name \_\_\_\_\_

DL # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth: \_\_\_\_\_