

**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 True North Training Stables, Inc. to perform a criminal background check.**

I hereby give my permission to True North Training Stables, 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 True North Training Stables, 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 True North Training Stables, 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 True North Training Stables, 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): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address History (past 5 years required)

Current Address: \_\_\_\_\_  
Street City State # Yrs at

Previous Address: \_\_\_\_\_  
Street City State # Yrs at

Previous Address: \_\_\_\_\_  
Street City State # Yrs at

Previous Address: \_\_\_\_\_  
Street City State # Yrs at

**\*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: Porter Lake LaPorte

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Background check search completed by: \_\_\_\_\_ on \_\_\_\_\_

Sex Offender search completed by: \_\_\_\_\_ on \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_