



AUTISM ACADEMY OF SOUTH CAROLINA

Consent for Criminal Background History Check

PERSONAL INFORMATION:

Print Name: _____
(First) (Middle) (Last)

Maiden Name/Alias: _____ Social Security Number: _____

Date of Birth: _____ Driver's License Number/State: _____ Gender: Male Female

Phone#: _____ Email Address: _____

ADDRESS HISTORY:

Current: _____
Street City State Zip # of Years

Previous: _____
Street City State Zip # of Years

Previous: _____
Street City State Zip # of Years

I hereby give my permission to the Autism Academy of SC 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 the Autism Academy of SC, 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 Autism Academy of SC 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 Autism Academy of SC) 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.

Signature: _____ Date: _____

OFFICE USE ONLY

Purpose of check: Staff employment/internship Volunteer RBT Trainee

Background check search completed by: _____ on _____

Fee: \$ _____ Payment Method (Volunteers): Check # _____ Cash other: _____