BACKGROUND CHECK AGREEMENT FORM

As a condition of my potential employment/volunteering with HAPE Holland Ambassadors Program & Education, I hereby authorize the organization to conduct a background check on me. This authorization is valid for the duration of my employment/volunteering with the organization.

I understand that the background check may include, but is not limited to, criminal history, education verification, employment verification, and reference checks. I understand that the information obtained from the background check will be used solely for employment/volunteer purposes and will be kept confidential.

I understand that I may request a copy of the background check report and may request to dispute any inaccurate or incomplete information contained within the report. I understand that I will be provided with a copy of the report if adverse action is taken based in whole or in part on the report.

I understand that my employment/volunteer status with the organization is contingent upon the results of the background check. I hereby release the organization, its officers, employees, and agents, as well as any entity providing information pursuant to this authorization, from any and all liability arising from the disclosure or use of the information obtained.

By signing below, I acknowledge that I have read and understand the terms of this Background Check Agreement Form and authorize the organization to conduct a background check on me.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_