

MUSEUM

AT THE BIGHORNS

CONSENT TO BACKGROUND AND REFERENCE CHECK

Applicant Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver's License Number: _____

Current Address: _____

I, _____, hereby authorize the Museum at the Bighorns, and/or, its agents, to make investigation to my background – references, past employment, education and criminal history record information – which may be in any state or local files, including those maintained by both public and private organization, and all public records, for the purpose of confirming the information contained on my application and/or obtain further information which may be material to my qualifications for employment.

I here consent to the Museum at the Bighorns' verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition or continued employment any additional written authorization necessary for the Museum at the Bighorns to obtain access to any copies or records pertaining to this information.

With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Museum at the Bighorns with information it may request pursuant to this release. I understand that any false answer or statements, or misrepresentation by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should falsifications or misrepresentations be discovered after I am employed.

Applicant Signature: _____

Dated: _____