



Loudoun Sports Therapy Center™

21251 Ridgetop Circle, Suite 140, Sterling, VA 20166

Phone - 703-450-4300 Fax - 703-450-5113

www.loudounsportstherapy.com

"Don't let pain limit you. We Care. We Listen. We Get RESULTS!"

Background Check Authorization Form Consent for Criminal Background History Check Authorization/Waiver/Indemnity

Applicants for employment with Loudoun Sports Therapy Center are required to sign this authorization / waiver, giving approval for Loudoun Sports Therapy Center to perform a criminal background check in order to qualify for employment consideration.

I, _____ hereby give my permission to Loudoun Sports Therapy Center 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 Loudoun Sports Therapy Center. 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 Loudoun Sports Therapy Center and each of their owners, 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 Loudoun Sports Therapy Center) 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

Applicant's Printed Name

Applicant name: _____

Social Security #: _____

List former names and dates used _____

Gender: Male Female Date of Birth (month/day/year): _____

Driver's License # _____ State _____

Address History (past 5 years required)

Current Address: _____
Street City State # Yrs at Address

Previous Address: _____
Street City State # Yrs at Address

Previous Address: _____
Street City State # Yrs at Address

Previous Address: _____
Street City State # Yrs at Address

*****Volunteers are required to pay for the Criminal Background Check *****

OFFICE USE ONLY:

Please indicate how payment was made. Check #: _____
 Cash
 Credit (see attached receipt)

Criminal background check search completed by(list company name) _____

Background check results: **Passed** **Failed** (see attached print out)

Human Resources Signature: _____ Date: _____