



**AUTHORIZATION AND CONSENT FOR A PERSONAL AND/OR PROFESSIONAL
BACKGROUND CHECK**

I grant permission to and authorize **HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER INC.**, of 71 CR 21C, Ghent, New York 12075 and/or its agent to conduct a personal and/or professional background check for the purpose of employment and/or volunteering.

I understand this information and any report from it is strictly confidential. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to **HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER INC.** and its authorized agents any information concerning: employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information.

I hereby release and agree to hold harmless from liability any person or organization that provides information to **HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER INC.** and its employees, officers and directors, or any authorized representatives as a result of this authorization and consent.

I grant authorization and consent to **HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER INC.** to conduct a criminal background check, conviction records check, abuse registry check and driving record check for the purpose of my employment and/or volunteering to **HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING INC.** and its affiliated corporations and/or agencies.

I understand and agree that the statements and/or omissions regarding past conduct and/or present situations may be grounds for removal from my position.

Background checks are not done on anyone under 18 years of age.

PLEASE BE SURE YOU HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT FORM.

Signature of Applicant

Date

Signature and Printed name of Witness

Date

REQUIRED INFORMATION

Please **PRINT CLEARLY**

Last Name: _____ **First Name:** _____ **MI:** _____

Social Security Number (SSN): _____ **Date of Birth**

(mm/dd/yyyy): _____

Address (No PO Boxes): _____

City, State & Zip: _____

Phone Number: _____ **Gender: M** ___ **F** ___

Driver License State: _____ **Driver License**

Number: _____

REFUSAL TO UNDERGO A BACKGROUND SCREENING

I *refuse* to undergo a background screening and I understand that this may directly affect my employment/volunteer status with **HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER INC.**

Signature of Applicant

Date