



Authorization to Release Information

Full Name _____

Address _____

DL# _____ State _____

I hereby authorize Abigail's Arms, Cooke County Family Crisis Center, to conduct a criminal history check, National Sex Offender Registry and/or driving record. I understand all information gathered on this form will be used for the specific purpose stated herein.

Abigail's Arms affirms its fundamental policy of providing equal opportunity in all of its operations and in all areas of employment practices, and assuring that there shall be no discrimination against any employee or applicant for employment on the grounds of race, color, religion, sex, national origin, age, handicap status (as stipulated by the ADA), veteran's status, or sexual orientation. This policy extends to recruiting, recruitment advertising, and/or other communication media, hiring, rates of pay and other compensation, overtime, job classifications and assignments, working conditions, promotions, demotions, transfers, layoffs or terminations, recalls, disciplinary and other employee treatment, benefits, and all other terms, conditions, and privileges of employment.

I further authorize the investigation of my local/state/federal and criminal records to be discussed and utilized for purposes as determined by Abigail's Arms, Cooke County Family Crisis Center. I understand that misrepresentation or omission of facts may be cause for dismissal from the hiring process or volunteer services.

I also authorize a Child Protective Services Records check through the Texas Department of Protective and Regulatory Services to research child abuse history.

I shall hold any and all persons who release the information or records in such a manner harmless from liability for any such release or disclosure.

Signature _____ Date _____

