

Confidential information

Criminal Background Check Waiver

To Whom It May Concern:

I, _____, hereby authorize the Montana Criminal Records to furnish full and complete reports and information relating to any criminal records about me to Awe Kualawaache Care Center or to any representative, attorney, or investigator from said company. This authorization includes examination by and production to Awe Kualawaache Care Center of all criminal records, including any arrest records, confidential or otherwise.

I release from all liability any person, companies, and entities supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

A Photostatic copy of the waiver shall be as effective and valid as the original.

Signature of Applicant _____ Date _____

Print Name (Last name, First Name, Middle) _____ Maiden Name or alias _____

Date of Birth _____

State of Birth _____

County of Birth _____

Social Security number _____

Current Address _____

City _____

State & Zip Code _____

Employer Requesting Background Check:

Awe kualawaache Care
Center
P.O. Box 999
Crow Agency, MT 59022
(406)638-9111

Date Check Completed: _____

Results of Check: _____

Signature: _____

Name & Title of person who performed the check