



City of Lufkin
Human Resources
P.O. Drawer 190
Lufkin, Texas 75902-0190
(936)-633-0228
Fax: (936) 633-0408

Background Check Authorization

First Name

Last Name

Middle Initial

Former Name (s) and Dates Used

Address

City

State

Zip

Former Address

City

State

Zip

Social Security Number

Date of Birth

Home/Cell Phone Number

Driver's License Number

State

I hereby authorize the City of Lufkin, Texas ("City" or "City of Lufkin") and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I understand that the City may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I also understand that any information received as a result of this authorization may be used by the City in making an employment decision. I agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the City, or if I am hired or already work for the City, that my employment may be terminated.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Lufkin or its agents. I further authorize the complete release of any records or data pertaining to me that the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the City of Lufkin and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature

Date



City of Lufkin Volunteer Waiver and Release of Liability

Please Read Carefully:

In consideration of the opportunity to participate as a volunteer for the City of Lufkin, here in the "City," I hereby assume all risks of injury and harm which may result from or arise out of my voluntary participation, and I agree on behalf of myself and my heirs, executors, administrators and assignees, to full and forever release and discharge the City of Lufkin and its respective employees, agents, successors and assigns, and each of them (collectively, the "Releasees") from any and all claims, errors, omissions, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my participation as a volunteer with the City. Further I hereby agree to waive any and all such claims, damages, demands, rights, or causes of action. Further, I hereby agree to release and discharge the Releasees from any and all liability for any loss or theft of, or damage to, personal property while volunteering at the City. I understand I am a volunteer and not an employee of the City and will not receive any compensation or employee benefits.

I FURTHER RELEASE THE CITY OF LUFKIN, AND HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY, ACTING IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, THE EMPLOYEES AND AGENTS OF THE CITY, THEIR HEIRS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, OFFICERS, AGENTS AND EMPLOYEES, AND ANY AND ALL OTHER PERSONS, FIRMS, OR ENTITIES, ALTHOUGH NOT SPECIFICALLY NAMED HEREIN (IT BEING THE INTENT OF THE UNDERSIGNED BY EXECUTING THIS DOCUMENT THAT SAME SHALL BE A FULL AND UNIVERSAL RELEASE, WITHOUT LIMITATION, BY THE UNDERSIGNED OF EVERY PERSON, FIRM OR ENTITY, WHETHER SPECIFICALLY NAMED HEREIN OR NOT, AS TO ALL MATTERS HEREIN RELEASED), ALL AND EACH OF THEM, OF AND FROM ALL CLAIMS, DEMANDS, ACTIONS, RIGHTS, DAMAGES, COSTS AND COMPENSATION WHATSOEVER, AND ANY OTHER EXPENSES AND LOSSES, OF EVERY KIND AND CHARACTER WHATEVER ARISING OUT OF OR HAVING TO DO VOLUNTARY PARTICIPATION WITH THE CITY OF LUFKIN.

If you would like to make us aware of physical limitations regarding the kind of work you can be assigned

Please explain:

RESTRICTION FROM PERFORMING DUTIES

Volunteers are restricted from the following duties:

- Performing tasks that are defined as hazardous in nature.
- Supervising employees or other volunteers and/or interns.
- Operating city motorized equipment
- Retaining/possession of city keys
- Taking home any city equipment

Volunteers under the age of eighteen (18) must have the consent of parents or legal guardian (with their signature below).

All volunteers must be processed through Human Resources, City of Lufkin, 300 E. Shepherd, Room 226, Lufkin, Texas 75901.

This agreement is being made and entered into under the laws of the State of Texas and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the volunteers and the City of Lufkin. No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement.

I represent that I am at least eighteen (18) years of age (or have my parent or guardian signature below) and that I have read the foregoing voluntary waiver and release of liability and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Print Name

Print Name

Signature of Volunteer

Signature of Parent/Guardian (if required)

Date

Date

City of Lufkin Witness
(Print)

Witness Signature

Date

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