

COURT OF COMMON PLEAS OF LANCASTER COUNTY



Youth Intervention Center Board of Managers BACKGROUND INVESTIGATION WAIVER

Applicant: Please read carefully before you complete and sign this form.

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to the Lancaster County Court of Common Pleas by any person, corporation, agency, or association concerning my character, employment, educational institution, or military service as may be relevant and necessary for a determination of my suitability for appointment, which includes reference checks and a criminal background investigation.

I hereby release the aforementioned persons, corporations, agencies, associations, and their employees, agents and representatives from any and all liability for damages resulting from a decision by the Court of Common Pleas not to appoint me on account of any such information received, or due to providing false or misleading information or records about me.

PLEASE PRINT OR TYPE

Full Name, Including Maiden and Alias Names

Address

Social Security Number

Date of Birth/State

Sex/Race

Driver's License Number/State

Applicant's Signature and Date