



# Ute Pass Regional Ambulance District

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Customerservice@UPRAD.org

## **BACKGROUND AND REFERENCE CHECK AUTHORIZATION FORM**

Applicant's Name (please print): \_\_\_\_\_

I have applied for employment/membership with Ute Pass Regional Ambulance District (UPRAD), or I am a vendor, contractor or other person or entity seeking to enter into a business relationship with UPAD. As part of the UPAD application or screening process, I understand that UPAD will conduct a background and reference check, which will include a review of public records, my criminal history, and inquiries of my former employers, and organizations to which I belong, and the references which I have provided regarding my qualifications for employment or membership.

If I am applying for a position involving the organization's finances, billing or other related activities then I also expressly agree to permit a check of my credit history.

I hereby authorize UPAD to conduct this background and reference check as part of my application or contracting process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge UPAD, and its employees, agents and contractors, from any and all causes of action, liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to this background check. I also hereby release and forever discharge any individual, agency or organization providing any information about me to UPAD, from any and all causes of action, liability, claim, loss, cost or expense whatsoever related to the furnishing of such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date