

Each applicant is subject to a criminal background check. The information requested below is required.

Name of applicant: _____

Do you have a current Texas driver's license? _____ If no, please list your out of state license number and the State in which it was issued. If you do not have a driver's license, please check this box

License # _____ Type of License: Operator Commercial Chauffeur

I understand and agree that the Austin Museum of Art, in considering my internship application, may obtain an investigative report regarding me before extending any offering any volunteer assignment.

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge; I authorize any former employer or reference listed above to release to AMOA or its authorized representative any and all records and other information it may have about me. I understand that AMOA will use the information for the purpose of evaluating my internship application. A photocopy of this authorization shall be as valid as the original. I understand that any false statement contained herein, when discovered, will be grounds for the rejection of this application or for termination of my intership.

I understand that as an intern at the Austin Museum of Art, I will not be considered an employee of AMOA.

Signature of Internship Applicant: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

INVESTIGATIVE REPORT DISCLOSURE AND AUTHORIZATION

I understand that the Austin Museum of Art, Inc. ("AMOA") may condition my internship on the satisfactory results of an investigative report, and I acknowledge that I wish to be considered for a internship with AMOA. For the purpose of defining investigative report, it includes reference and criminal background checks.

By signing and dating this form, I acknowledge that I have received this disclosure form and that I authorize AMOA, or its authorized representative, to inquire into my background for the purpose of producing an investigative and/or consumer report. I understand that I am entitled to make a written request to AMOA or its agents to receive information about the nature and substance of the contents of the investigative and/or consumer report. I release AMOA, its officers, directors, agents, employees, assigns and successors, and all other persons or firms associated with or in any manner connected with AMOA, from any and all liability or claims that may arise out of, or in connection with an investigative and/or consumer report about me or an employment decision based on such report.

I hereby acknowledge that I have received, read and understand this disclosure and authorization form.

Applicant's Signature

Date

Print Applicant's Full Name

Parent's Signature

Date

Print Parent's Full Name