



MACUNGIE AMBULANCE CORPS INC.

5550 N. Walnut Street

P.O. Box 114
Macungie, PA 18062



EMERGENCY 911

OFFICE (610) 966-261

MACUNGIE AMBULANCE CORPS INC.

BACKGROUND AND REFERENCE CHECK AUTHORIZATION FORM

Applicant's Name (please print): _____

I have applied for membership/employment with Macungie Ambulance Corps, Inc. As part of the application process, I understand that Macungie Ambulance Corps, Inc. 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 of which I am a member, and the references which I have provided regarding my qualifications for membership/employment.

I hereby authorize Macungie Ambulance Corps, Inc. to conduct this background and reference check as part of my application process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge Macungie Ambulance Corps, Inc., 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 Macungie Ambulance Corps, Inc. 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

WE VOLUNTEER BECAUSE
YOUR LIFE DEPENDS ON IT