



OKLAHOMA HALL of FAME
GAYLORD-PICKENS MUSEUM

TELLING OKLAHOMA'S STORY THROUGH ITS PEOPLE SINCE 1927

CONSENT TO BACKGROUND AND REFERENCE CHECK

Applicant Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Drivers License Number: _____ State of Issue: _____

Current Address: _____

I, _____, hereby authorize the Oklahoma Hall of Fame, and/or its agents, to make investigation of my background—references, past employment, education, and criminal history record information—which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining further information which may be material to my qualifications for employment.

I hereby consent to the Oklahoma Hall of Fame's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Oklahoma Hall of Fame to obtain access to any copies or records pertaining to this information.

With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Oklahoma Hall of Fame with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should falsifications or misrepresentations be discovered after I am employed.

Applicant Signature: _____

Dated: _____