

Kadlec Medical Center

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

Kadlec Medical Center:

In connection with my application for employment (including contract for services), I understand that investigative background inquiries will be made on me which may include criminal convictions, motor vehicle and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.* I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to having Kadlec Medical Center, BACKGROUND SOURCE INT'L and/or any of their licensed agents obtain this information. This authorization and consent shall be valid in original, fax, or copy form. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Applicant Signature: _____ **Date:** _____

Please PRINT clearly: Position Applied For: _____

Name: _____ Other Names Used: _____
First Middle Last

Home Phone: _____ Cell Phone: _____ *Social Security Number: _____

*Month/Day of Birth: ____/____ May we call your current employer? Yes No

If no, why not? _____

Current Address: _____ County: _____

City: _____ State: _____ Zip _____ How Long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip _____ How Long: _____ to _____

PROFESSIONAL LICENSE: Name as it appears: _____

License # _____ Expiration Date: _____ State Issued: _____

** Responses to these questions are completely voluntary. You do not have to respond to these questions in order to have your application considered, however, without this information we may be unable to distinguish you from another person in the event we discover adverse information during the background investigation process.*

FOR OFFICE USE ONLY:

- RN / LPN / CNA / Scrub Tech
- Licensed Professional
- Non Licensed Professional
- Motor Vehicle Search

- Check References
- Do not check References

Return to: Kris Gauntt
Return to: Kelly Meredith
Return to: Rocky Snider

Fax first two pages of application and this form to: (208) 769-7282