

NOTICE / AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

INVESTIGATIVE CONSUMER REPORT

In relation to my application for employment with Greene County Medical Center, I authorize an investigative consumer report with information pertaining to my background, reputation or disposition, including, but not limited to, facts involving my employment, education, social security number authentication, driving record, OIG and EPLS, consumer credit history (if consumer credit history is relevant), criminal record and/or additional public records history. I authorize all parties to release all information applicable to this investigation. I release from liability all persons, governmental agencies, as well as other companies and agencies disclosing any and all information. In addition, I authorize that photocopies of this form may be considered as an original.

I am providing the following information for the preparation and proper verification of the Investigative Consumer Report. (Please print)

Name (Last, First MI): _____

Print Maiden Name: _____ List all Other Name(s) _____
Used: _____

Social Security #: _____

Professional License/Certification#: _____ Type of License/Certification: _____

Driver's License #: _____ Driver's License State: _____

Current Address: _____ City, State _____

Current Phone: _____ Alternate Phone: _____

Previous Address: _____ City, State _____

Previous Address: _____ City, State _____

*Date of Birth (month/day/year): _____ *Gender (male or female): _____

*This information will only be used to complete the background check process and help avoid any misidentification.

I HAVE READ, COMPREHENDED AND AUTHORIZE ANY PERSON, COMPANY OR OTHER ENTITY CONTACTED BY GREENE COUNTY MEDICAL CENTER OR IT'S AGENTS, TO PROVIDE THE INFORMATION STATED ABOVE.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____