

## BACKGROUND INQUIRY AUTHORIZATION

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Other name(s) used \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc.Sec.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Full Name as it appears on Drivers License: \_\_\_\_\_

Current Address \_\_\_\_\_ How long at this address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Address (1) \_\_\_\_\_ How long at this address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Prior Address (2) \_\_\_\_\_ How long at this address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize Nursefinders ("the Employer") and any of its authorized agents to gather information about me regarding the following:

All records including criminal, civil, driving record, professional certifications and licensing, workers' compensation (as allowed by law), job related medical and/or education credentials. I also release all employment verification information, including salary data, from previous employers (including governmental agencies, military service, etc) whether contained in written records or not or any other pertinent information relating to the successful function of my job.

I hereby release the Employer (as well as agents), former employers, and other references from any liability and understand that there is no invasion of personal privacy. All information will be obtained in connection with an application for employment. Upon receipt of a photocopy of this authorization any such person may accept the photocopy with the same authority as the original authorization.

I have the right to request a copy of the report from the Credit Reporting Agency (upon proper identification). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for procurement of consumer reports at any time during my employment or contract period. I also understand that all information is being obtained pursuant to the Fair Credit Reporting Act (FCRA).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please FAX completed form to: (866) 252-3667

