

BACKGROUND CHECK RELEASE FORM

Employer Name: Professional Healthcare Staffing Inc.

I hereby authorize Professional Healthcare Staffing Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Professional Healthcare Staffing, Inc, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name (Print) _____

First Middle Last (Maiden)

Print All Former Names Used:

(1) _____

(2) _____

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

Current Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ Expiration Date: _____

State of Issuance: _____

Print Residences in the previous 10 years (City & State)

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

List Number of Professional License held: _____ State: _____

List Number of Professional License held: _____ State: _____

Applicant Signature: _____

Date: _____