

EMPLOYMENT BACKGROUND AUTHORIZATION

1. I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date. When I responded to questions on this application, I continued on a separate sheet of paper and attached it to this application when I required more space to fully answer all questions.
2. I understand that an investigative report may be generated on me that may include information as to written, oral, or other -- from a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all-federal, state, city and county jurisdictions. Included as well but not limited to State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. As well as Military National Personnel Record Center, Educational institutions including but not limited to transcripts or any individual, company, firm, corporation, present and/or past employers, public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that GRADY MEMORIAL HOSPITAL and /or their agent Gall & Gall Company, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.
3. If applicable all medical and workers' compensation information will be requested in compliance with all Federal and State laws including the Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
4. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
5. Minnesota, Oklahoma, and New York applicants only: Please check this box if you want a copy of the consumer report if one is obtained by GRADY MEMORIAL HOSPITAL .
6. California applicants only: By signing below, you acknowledge receipt of the "Notice Regarding Background Investigation Pursuant to California Law". Please check this box if you would like to receive a copy of the investigative consumer report or consumer credit report if one is obtained by GRADY MEMORIAL HOSPITAL at no charge whenever you have the right to receive such a copy under California law.
7. I hereby authorize, without reservation, any one contacted by GRADY MEMORIAL HOSPITAL. and /or their agent Gall & Gall Company, Inc., to furnish the information described in Section 1.

APPLICANTS COMPLETE THE FOLLOWING:

Signature

Today's Date

Please, print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please, print other names you have used

Social Security Number

Date of Birth

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of or plead guilty to a crime? No Yes If yes, please explain:
(A conviction will not automatically disqualify you from being considered as a candidate for employment.)

I understand that I have a right to request disclosure of the nature and scope of the report if it involves personal interviews with sources such as my friends, acquaintances, or others who may have relevant information. I understand that I have the right to receive a copy my information report.

THIS IS NOT AN EMPLOYMENT CONTRACT

FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. Status of updates is available on request. Although every effort has been made to assure accuracy. Gall & Gall Company, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement and maintain original release forms of the applicant for those numbers of years to comply with the F.C.R.A. This assures Gall & Gall Company, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. Gall & Gall Company, Inc., 8555 N. Dixie Drive, Dayton, Ohio 45414, 937-264-4900 or 1-800-759-4255

Name: _____

Social Security #: _____

RESIDENTIAL HISTORY

(This information is needed and will be used only in relationship to your background check)

(All applicants MUST account for the last 10 years)

List below starting with the most recent address first:

City: _____ State: _____ Zip: _____

Lived there from: _____ To: _____

City: _____ State: _____ Zip: _____

Lived there from: _____ To: _____

City: _____ State: _____ Zip: _____

Lived there from: _____ To: _____

City: _____ State: _____ Zip: _____

Lived there from: _____ To: _____

Signature: _____ Date: _____