

# Background Check Release and Authorization Form

We require as a condition of employment and/or continued employment, that all employees consent to and authorize a employment verification of the background information submitted on their applications or resumes.

I, the undersigned employee, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that any false statements will be considered as a cause for possible dismissal.

This release and authorization acknowledges that The Everett Clinic may now, or at any time while employed, conduct a verification of my education, previous employment/work history, driving record, and receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State. A photocopy or telephonic facsimile (Fax) of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will not be provided to any parties other than to designated Company Personnel.

I authorize Intelius and any of its agents/designated Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized Clinic Personnel.

I do hereby agree to forever release and discharge The Everett Clinic, our agent, Intelius and their former employees, to the full extent permitted by law, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. According to the Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained, and to receive upon written request, a disclosure of the nature and scope of the investigative report. (A copy of the Fair Credit Reporting Act is available on the Internet, go to [www.ftc.gov](http://www.ftc.gov) for complete information.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name Typed or Printed

**Office use only**

Reference #: \_\_\_\_\_

Date sent: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names Used: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

List all previous addresses for the past seven years (city/state only) and approximate dates of residence:

1) \_\_\_\_\_ Approximate dates \_\_\_\_\_

2) \_\_\_\_\_ Approximate dates \_\_\_\_\_

3) \_\_\_\_\_ Approximate dates \_\_\_\_\_