

PERSONAL INFORMATION			
Name (Last, First, Middle Initial)		Social Security Number	
**Previous Names Used:		**Date of Birth     /     /	
Home Address (No PO Boxes)		Apt. Number	
City	County	State	ZIP Code
How long at current address?			
Previous Address (No PO Boxes)			
City	County	State	ZIP Code
How long at previous address?			
Have you ever been convicted of a Felony within the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a Misdemeanor within the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide explanation			
Year	County	Offense	
** THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT THE REQUIRED BACKGROUND SEARCH.			

In connection with my application for appointment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including criminal convictions, education, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

If you are denied appointment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 607, to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer-reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by Kaiser Foundation Health Plan of Ohio and/or its assigned agent to furnish the above-mentioned information.

I release **THE BACKGROUND NETWORK, KAISER FOUNDATION HEALTH PLAN OF OHIO, KAISER PERMANENTE INSURANCE COMPANY**, and any other person and/or agencies from any damage and/or liable acts that may result from obtaining the above information.

The above information is used solely for employment verifications, credit inquiries, and criminal history checks.

I am aware that any omission (except as previously stated), falsification, misstatements, or misrepresentations on my application may disqualify me for a contractual agreement and may be grounds for termination of the agreement at a later date. I understand that any information I give may be verified as allowed by law. Falsifying any information on the release form will constitute grounds for immediate appointment denial.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_