



**CRIMINAL HISTORY RECORD RELEASE AND
BACKGROUND INVESTIGATION AUTHORIZATION**
For employment, contract and third party placements

Background Authorization: I hereby authorize the Medical College of Georgia Health System to conduct and receive any criminal history record information pertaining to me, including traffic offenses, driving history, or other information which may be in the files of any state, local or federal criminal justice agency and to release such information to their vendor of record or MCG Health, Inc. directly. I agree that the Medical College of Georgia Health System, or agent shall not have liability for defamation, invasion of privacy, or other claim in connection with any dissemination of information pursuant to this record check. NOTE: A conviction record is not necessarily a bar to employment. Factors such as age at the time of the offense, lapse of time since conviction, rehabilitation, nature of the offense and the position sought will be taken into consideration. MCG Health, Inc. does not hire individuals with a felony conviction.

COMPLETE NAME (Please Print) -

****Your current legal name-exactly.** _____
Last Name First Name Initial

ADDRESS _____
Number Street Name City State Zip

PHONE # _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

BIRTHPLACE _____ SEX _____ RACE _____ OTHER STATES LIVED IN _____

PREVIOUS ADDRESS _____

****List all previous cities, counties and states of residence in last seven years.**

OTHER NAMES USED (maiden, nickname, other)

MCGHI Company Vehicle or driving as a part of your job duties:

MCG Health Inc. does not allow individuals that 1) have been convicted of Driving Under the Influence violation within the last three years, or 2) have 2 or more moving violations within the last two years, to operate a MCG Health Inc. owned vehicle.

Driver's License Number _____ State(s) where you have held a drivers license: _____

Have you been convicted of a DUI (Driving Under the Influence) type violation within the last three Years?

_____ YES _____ NO

If yes, please give date (month/year) of last conviction _____

SIGNATURE _____ DATE _____