

NORTHSIDE HOSPITAL FORSYTH

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Recruiter _____
Date _____

VOLUNTEER/AUXILIARY

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, and criminal record history, contact my personal references or obtain any Criminal History Record information pertaining to me which may be in the files or any Federal, State, or Local criminal justice agency, State Patrol agency in any state and/or other information as deemed necessary to fulfill the job requirements. I also consent to a Motor Vehicle Report, Credit Report, or Drug Test, if required for employment. I also consent to background verification and access to the Cumulative Sanction Report of the Department of Health and Human Services Office of the Inspector General. This will identify if I have been excluded from participating in any federally funded healthcare program.

I have read and understand this release and consent, and I authorize the background verification. I hereby authorize all persons, schools, current and/or former employers, and other organizations and agencies to release any requested and authorized information to Northside Hospital and Creative Human Resource Management, Inc. I authorize Creative Human Resource Management, Inc. to disclose orally and/or in writing the results of this verification process and/or interview to the designated authorized representatives of Northside Hospital. I do hereby, agree to forever release and discharge the Company, their agents, and their associates to the full extent permitted by law from any and all claims, damages, losses, liabilities, costs or expenses or any other charge or compliant files with any agency arising from the retrieval or reporting of this information. I agree that any copy or facsimile of this document is as valid as the original.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. The results of this verification process will be used to determine employment eligibility under this company's employment policies. Under Georgia law, conviction of certain crimes may disqualify me from employment in certain positions. I understand that if I am employed, any false statements may be considered cause for dismissal.

PLEASE PRINT CLEARLY

Applicant _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____

Drivers License # _____ State _____

Addresses for past 7 years

City _____ County _____ State _____ Zip _____

City _____ County _____ State _____ Zip _____

City _____ County _____ State _____ Zip _____

Signature: _____ Date: _____