

PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____,
understand that as part of the employment process, D&P Healthcare Staffing
Agency needs to complete a background check on me regarding:

- 1. Criminal record;
- 2. Sex and Violent Offenders Record;
- 3. Employment Verification;
- 4. Education Verification;
- 5. License Verification;
- 6. Motor Vehicle Records;
- 7. Personal/Professional Reference Verification;
- 8. Medical Suitability
- 9. Drugs/Alcohol

- o I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to D&P Healthcare Staffing Agency or its authorized agent(s).
- o I understand that this authorization is to be part of the written and signed employment application.
- o I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- o I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- o I further authorize that a photocopy of this authorization may be considered as valid as the original.
- o I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with D&P Healthcare Staffing Agency is contingent upon successful completion of a background check.

Signature

Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used:

Current
Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State:

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

To: Month/Year	City	State	From: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____