

# Gulfside Regional Hospice

## AUTHORIZATION OF RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

Pursuant to the federal Fair Credit Reporting Act, I hereby Gulfside Regional Hospice and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and /or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report and may include, but is not limited to the following areas.

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, references, credit history and reports, criminal history records from any Criminal Justice Agency in any or all federal, state, county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Gulfside Regional Hospice & Accurate Background Check, Inc. and its agents, officials, representatives or assigned agencies including officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs family or associates because of compliance with this authorization and request to release. You may contact me as indicated below, I understand that a copy of this authorization may be given at anytime provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

*Please Print Clearly*

Name \_\_\_\_\_  
First Full Middle Name Last (Maiden)

Print All Former Names Used (1) \_\_\_\_\_ (2) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

GFH-FCRA AUTHORIZATION FORM

May We Contact Your Employers: \_\_\_\_\_ May We Contact Your Supervisors \_\_\_\_\_

Comments:

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Print Residences in the previous 7 years to include City & State:

(1) City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(2) City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

(3) City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

1. Have you ever been charged and/or convicted of any crime or offense: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been involved in a Civil Action as the Plaintiff or Defendant: Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered Yes to Numbers 1 or 2, provide the Case Numbers, Date of Action, County & State, Disposition and Current Status below:

Please explain. If more space is needed please use the back of this form to continue Explanation:

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By signing below, you are certifying that the above information is true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_