

BACKGROUND SEARCH

Authorization For Release Of Information For Background Investigation

In consideration of my application for (including contract for services), or continued employment with Countryside Medical, I authorize Countryside Medical, acting on its own or as an agent of any other company or organization and their respective agents, to conduct and report research and share with each other, information about my background including, but not limited to, information about my prior employment, education, driving record, consumer credit history, criminal record, workers compensation claims and general public records history.

Further, I understand that an investigative consumer report may be requested from various Federal, State, Local and other agencies. I understand that such an investigative report may contain information about my background, mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY PERSONS, AGENCY OR OTHER ENTITY CONTACTED BY COUNTRYSIDE MEDICAL TO FURNISH THE ABOVE- MENTIONED INFORMATION.

I understand that any investigative consumer report requested will be used strictly for employment purposes as defined under th Fair Credit Reporting Act 603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I understand that Countryside Medical, in agreement with its Client, does not engage in the marketing or reselling of personal information. I release Countryside Medical their respective officers, directors, employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

The information requested below is needed for the purpose of positive identification and to complete verification procedures (Please print clearly)

Name (Mr Ms Mrs)	(First)	(Middle)	(Last)	(Suffix Jr. Sr. III)			
Social Security Number		Date of Birth		Race		Other Names Used (maiden, aliases)	
Drivers License Number		State Issued					
Present Address	Street	Apt. #	City	County	State	Zip	Dates
Prior Address #1	Street	Apt #	City	County	State	Zip	Dates
Prior Address #2	Street	Apt. #	City	County	State	Zip	Dates
Signature							Date