

WEST GEORGIA HEALTH SYSTEM

BACKGROUND CHECK RELEASE

Important Note: *The information requested on this form is for the sole purpose of undertaking a pre-employment investigation and should be completed only by a candidate who is being considered for or has been offered a position with WGHS.*

In addition, State law requires a criminal record check to be performed on all nursing home applicants as a condition of employment. The 1995 General Assembly enacted legislation effective July 1, 1995, which requires that each nursing home request a criminal record check from the Georgia Crime Information Center (GCIC) prior to hiring any person seeking employment. I understand that West Georgia Health System will perform a criminal record check to determine my suitability for employment in accordance with Article 14 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated.

CANDIDATE INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE/MAIDEN NAME:

STREET ADDRESS:

CITY: STATE:

ZIP: COUNTY:

DOB: / / SS #: — —

RACE: SEX:

DRIVERS LICENSE #: STATE ISSUED:

List the county and state of your previous places of residence, and/or employment (whichever are applicable) during the past seven years.

COUNTY & STATE

LENGTH OF TIME (YEARS & MONTHS)

1 _____

2 _____

AUTHORIZATION RELEASE

FAIR CREDIT REPORTING ACT: I HEREBY UNDERSTAND THAT A CONSUMER REPORT MAY BE ORDERED FOR EMPLOYMENT SCREENING PURPOSES, AND THAT I AM HEREBY GIVING MY PERMISSION FOR SUCH A REPORT TO BE PROCURED. I UNDERSTAND THAT I AM ENTITLED TO SEE A COPY OF THIS REPORT AND A COPY OF "SUMMARY OF CONSUMER RIGHTS" BEFORE ANY ADVERSE ACTION IS TAKEN BY THE BELOW MENTIONED EMPLOYER. THE INFORMATION FROM THIS REPORT WILL NOT BE USED IN VIOLATION OF ANY APPLICABLE STATE OR FEDERAL EQUAL OPPORTUNITY LAW OR REGULATION.

I HEREBY GIVE PERMISSION TO THE COMPANY AND ITS AGENT TO VERIFY THE INFORMATION SUBMITTED BY ME AND TO OBTAIN ANY CREDIT INFORMATION, CRIMINAL HISTORY, OR DRIVING RECORDS. NEITHER THE COMPANY NOR ITS AGENTS SHALL BE VIOLATING MY RIGHT TO PRIVACY IN ANY MANNER AND I RELEASE THEM FROM ALL LIABILITY WHATSOEVER FOR ACTIONS RELATED TO THIS INVESTIGATION.

SIGNATURE OF CANDIDATE: _____ DATE: _____

CLIENT INFORMATION

REPORT REQUESTOR NAME: _____

SIGNATURE: _____

PHONE WARRANT RESULTS FAX RESULTS

STATE CRIMINAL CHECK _____

COUNTY (NAME & STATE) _____

CREDIT (END USER- IF APPLICABLE) _____

DRUG SCREENING _____

DRIVING RECORD CHECK SOCIAL SECURITY TRACE

OTHER REQUESTS _____

CLIENT NO: 128

You further agree not to resell any credit information provided to you by this company, and to abide by the Fair Credit Reporting Act with all of its provisions by signing the attached "End User, Customer, or Employer Certification" documentation which governs the dissemination of information provided to you from credit or consumer information report provided by our agency. You further agree not to resell any credit information to a third party directly or indirectly.