



Notification and Authorization to Release Criminal Information for Employment Purposes

Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

Authorization

I hereby authorize 4 NURSES AT WORK to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist 4 NURSES AT WORK in collecting this information. Validity Screening Solutions has been secured as a third party vendor (consumer reporting agency) to assist 4 NURSES AT WORK in collecting and verifying information.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to 4 NURSES AT WORK or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release 4 NURSES AT WORK, the Social Security Administration, and its agents, officials, representative, 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 any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release

Position(s) Applied for:			
Please print (for identification purposes):			
Full Legal Name:			
First	Middle	Last	

9 Michael Street, Norwalk, CT 06854/203-854-6995/203-433-5443 Fax

Other Names You Have Used in Past Seven Years	:			
Current Address:				
Previous Address (most recent):				
Addresses in the 7 years prior to completing this authorization:				
Phone Number:	Alternate Phone Number:			
Date of Birth: Month/Day/Year	Gender: Female	Male		
Social Security Number:	_			
Driver's License #	State of Driver's L	icense		
-Have you ever been convicted of a criminal *offe against you? YES	nse or have any pending crir	ninal* charges		
-Have you ever been subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction? YES NO				
Yes(provide detail on next page) No				
I certify that the statements made by me on this ap my knowledge and are made in good faith. I under misstatements of fact, I am subject to disqualificat employment agency policy and procedure, and sub-	stand that if I knowingly ma ion, dismissal, or other action	ke any n pursuant to		
Signature	Da	te		