

NOTICE/AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES/INVESTIGATIVE CONSUMER REPORT

In relation to my recent application for employment with Greenville Hospital System, I authorize Surveillance Resources & Investigations, LLC (SR&I) or its agents to construct an investigative consumer report with information pertaining to my background, reputation or disposition, including, but not limited to, facts involving my employment, education, social security number authentication, driving record, consumer credit history (if consumer credit history is relevant for job, it will be verified), criminal record and/or additional public records history. I authorize all parties to release all information applicable to this investigation. I release from liability all persons, governmental agencies, as well as other companies and agencies disclosing any and all information. In addition, I authorize that photocopies of this form may be considered as an original.

I HAVE READ, COMPREHENDED AND AUTHORIZE ANY PERSON, COMPANY OR OTHER ENTITY CONTACTED BY SURVEILLANCE RESOURCES & INVESTIGATIONS, LLC, OR ITS AGENTS, TO PROVIDE THE INFORMATION STATED ABOVE.

THIS FORM WILL NOT BE ACCEPTED IF ALTERED, ILLEGIBLE, OR INCOMPLETE.

PRINT NAME (last, first, middle initial)

OTHER NAMES USED (alias, maiden, nickname)

Years Used

CURRENT ADDRESS

CITY, STATE, ZIP, COUNTY OF RESIDENCE

HOME PHONE # (____) _____

CELLULAR PHONE # (____) _____

WORK PHONE # (____) _____

ADDRESS FOR THE PAST TEN YEARS (If same as above, skip)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?
__ YES __ NO

CITY, STATE, COUNTY ; DATES LIVED HERE

HAVE YOU EVER BEEN SANCTIONED, DISCIPLINED, DEBARRED, AND/OR EXCLUDED BY A DULY AUTHORIZED REGULATORY AGENCY OR ARE THERE ANY CURRENT RESTRICTIONS OR LIMITES ON YOUR PROFESSIONAL LICENSE(S) OR CERTIFICATION(S)?
__ YES __ NO

CITY, STATE, COUNTY ; DATES LIVED HERE

CITY, STATE, COUNTY ; DATES LIVED HERE

PROFESSIONAL LICENSES/CERTIFICATIONS LICENSES/CERTIFICATIONS # STATE(S) ISSUED

*Date of Birth ____/____/____

*Gender (M or F) _____

*This information will only be used to complete the background check process and help avoid any misidentification.

SIGNATURE

SOCIAL SECURITY #

DRIVER'S LIC. #

STATE

Date: