



CRIMINAL BACKGROUND PRE-EMPLOYMENT AUTHORIZATION & RELEASE

**AUTHORIZATION AND RELEASE
(For Pre-Employment)**

I, _____, hereby give Outsource Medical my permission to conduct an investigation to obtain information which the Company thinks is necessary to determine my qualifications for employment with the Company, including but not limited to, my permission to contact any former employer, any personal or professional reference, any bank, credit or finance bureau or office, any police department, law enforcement agency or organization, or any other local, state or federal government agency, any consumer reporting agency, or any other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such sources may have relating to my character, general reputation, or criminal records, and I give my consent to any source to release to the Company whatever information they have about me.

I understand that the information requested about me on this form is necessary so that accurate information is obtainable. I hereby consent to this investigation and authorize Outsource Medical to procure a consumer report on my background as stated above from a consumer reporting agency. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

PROSPECTIVE EMPLOYER: **Outsource Medical**
PRINT NAME:

CURRENT ADDRESS:

CITY/STATE/ZIP:

PREVIOUS ADDRESS

CITY/STATE/ZIP:

COUNTY:

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE: _____

IF NEVER LICENSED, PLEASE INDICATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

Outsource Medical WITNESS NAME (please print):

Outsource Medical WITNESS SIGNATURE:

* Used for accurate information retrieval