

# Background Check Release Form

I. I \_\_\_\_\_ understand that in conjunction with my application for employment, an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service).

**Please initial:**

II. \_\_\_ I fully understand that Genesys Health System and /or their agent Evolution Consulting LLC, may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Genesys Health System and Evolution Consulting LLC. to do so.

III. \_\_\_ I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original with the same authority as the original and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

IV. \_\_\_ I hereby authorize, without reservation, any one contacted by Genesys Health System and /or their agent Evolution Consulting LLC., to furnish the information described in Section 1.

V. \_\_\_ I hereby authorize, without reservation, Genesys Health System and / or their agent, Evolution Consulting LLC, to contact my former employer/employers for employment verification/references.

VI. \_\_\_ I hereby release Genesys Health System, Evolution Consulting LLC, its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above mentioned information or reports. This disclosure further serves as a request that any present or former employer, police department, educational or financial institution or other person having personal knowledge about me to furnish Evolution Consulting LLC and its affiliates or representative any and all information in their possession regarding me in connection with my application for employment at the Genesys Health System.

**APPLICANT: COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

Other names you have used or are also known as: \_\_\_\_\_