

PLEASE PRINT NEATLY

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

PREVIOUS ADDRESS: (If at current is less than 1 year) _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

POSITION APPLIED FOR _____

3HC OFFICE LOCATION _____

APPLICANT AUTHORIZATION

I hereby authorize Southeastern Background Services to prepare a report that will 1) verify my past and present driving records, 2) perform a criminal records search, 3) perform a SS number & Name verification/address search 4) perform an OIG/GSA healthcare screening search.

I understand that Southeastern Background Services does not guarantee the accuracy or timeliness of the information obtained from other sources and that Southeastern Background Services will not be liable for any inaccuracy in the information obtained from other sources that are included in the report.

I am willing that a photocopy of this authorization be accepted with the same authority as the original for any future reports or updates that may be requested. I understand this authorization is to be part of the written employment application, which I sign.

I understand that the federal Driver Privacy Act and N.C. General Statutes 20-43.1 protect personal information contained in my Motor Vehicle records. I hereby authorize that the personal information in my file may be released to 3HC (Home Health & Hospice Care, Inc.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

04/12 Revised

Date of Birth is required solely for purpose of conducting a criminal record check and will not be used for any other reason in the employment/service or application process.