

Shiawassee Health & Wellness

Authorization for Background Checks

This document constitutes notification that for employment purposes only Shiawassee Health & Wellness may obtain an investigative consumer report about you, including employment history check, a criminal background check, motor vehicle record check, social security check, current address check and/or reference check(s).

I hereby fully release and discharge Shiawassee Health & Wellness or other authorized representatives of the agency, its respective affiliates, employees, agents, attorneys and any individual organization, entity, agency or other source providing information to Shiawassee Health & Wellness from all claims and damages arising out of or relating to any investigations of my background for employment purposes. I acknowledge that a telephonic facsimile or photographic copy shall be as valid as the original.

I hereby fully release such information upon request of Shiawassee Health & Wellness or other authorized representatives of the agency.

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

**Please Complete:**

Name: \_\_\_\_\_  
Last First Middle

Maiden Name or Names Previously Used: \_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zipcode

Previous Address: From: \_\_\_\_\_ To: \_\_\_\_\_ County of Residence: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zipcode