



**Applicant Consent Form for Pre-Employment Investigation & Specific Release
HUNTSVILLE HOSPITAL**

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of _____'s review of my application for employment, (herein referred to as **HUNTSVILLE HOSPITAL**) I hereby voluntarily consent to and authorize **HUNTSVILLE HOSPITAL**, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification, Personal Identity Verifications, Past Employment Verification, Reference Checks, Criminal Records, Civil Cases, Motor Vehicle Records, Credit Report.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **HUNTSVILLE HOSPITAL** or its authorized agents. I hereby release **HUNTSVILLE HOSPITAL**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been informed of my rights.

Signature of Applicant _____ Date _____

Printed Name _____ Maiden Name(s) _____

Date of Birth _____ Social Security Number _____

Driver License Number and State of Issue: _____

Current Address: _____

Previous Address(es): _____

EMPLOYER TO CHECK SERVICES TO BE COMPLETED:

- | | |
|---|---|
| <input type="checkbox"/> ALABAMA STATEWIDE CRIMINAL | <input type="checkbox"/> PEER CREDIT REPORT |
| <input type="checkbox"/> STATEWIDE CRIMINAL | <input type="checkbox"/> PREVIOUS EMPLOYMENT VERIFICATION |
| <input type="checkbox"/> COUNTY CRIMINAL | <input type="checkbox"/> REFERENCE VERIFICATION |
| <input type="checkbox"/> SOCIAL SECURITY TRACE | <input type="checkbox"/> WORKER'S COMP |
| <input type="checkbox"/> MOTOR VEHICLE REPORT | <input type="checkbox"/> EDUCATION VERIFICATION |
| <input type="checkbox"/> SEXUAL OFFENDER REGISTRY | <input type="checkbox"/> OIG EXCLUSIONS |

STATE(S) _____ COUNTY _____

*****NOTE: FOR EDUCATION AND EMPLOYMENT VERIFICATION PLEASE
SUPPLY ADDITIONAL INFORMATION (RESUME OR APPLICATION)
**INFORMATION IS BEING VERIFIED BY QUALITY COUNTS, INC. ANY INFORMATION
OR QUESTIONS SHOULD BE DIRECTED TO THE FOLLOWING ADDRESS:**
 Quality Counts, Inc.
 16096 Highway 216
 Brookwood, Alabama 35444
 PHONE: 205-561-2340 FAX: 205-561-2344