

NOTICE/AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES/INVESTIGATIVE CONSUMER REPORT

In relation to my recent application for employment with Greenville Hospital System, I authorize Surveillance Resources & Investigations, LLC (SR&I) or its agents to construct an investigative consumer report with information pertaining to my background, reputation or disposition, including, but not limited to, facts involving my employment, education, social security number authentication, driving record, consumer credit history (if consumer credit history is relevant for job, it will be verified), criminal record and/or additional public records history. I authorize all parties to release all information applicable to this investigation. I release from liability all persons, governmental agencies, as well as other companies and agencies disclosing any and all information. In addition, I authorize that photocopies of this form may be considered as an original.

I HAVE READ, COMPREHENDED AND AUTHORIZE ANY PERSON, COMPANY OR OTHER ENTITY CONTACTED BY SURVEILLANCE RESOURCES & INVESTIGATIONS, LLC, OR ITS AGENTS, TO PROVIDE THE INFORMATION STATED ABOVE.

THIS FORM WILL NOT BE ACCEPTED IF ALTERED, ILLEGIBLE, OR INCOMPLETE.

 Last Name First Name Middle Initial Maiden Name

OTHER NAMES USED (alias, maiden, nickname)

	Years Used		Years Used
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

() _____ - _____ () _____ - _____ () _____ - _____
 Home Phone# Work Phone# Cellular Phone#

RESIDENCE

Current Address

 City State Zip Code County of Residence

ADDRESS FOR THE PAST TEN YEARS (If same as above, skip)

_____ City	_____ State	_____ County	_____ Dates Lived Here
_____ City	_____ State	_____ County	_____ Dates Lived Here
_____ City	_____ State	_____ County	_____ Dates Lived Here

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

YES NO

HAVE YOU EVER BEEN SANCTIONED, DISCIPLINED, DEBARRED, AND/OR EXCLUDED BY A DULY AUTHORIZED REGULATORY AGENCY OR ARE THERE ANY CURRENT RESTRICTIONS OR LIMITS ON YOUR PROFESSIONAL LICENSE(S) OR CERTIFICATION(S)?

YES NO

PROFESSIONAL LICENSES/ CERTIFICATIONS	LICENSES/CERTIFICATIONS #	STATE(S) ISSUED
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Date of Birth _____ / _____ / _____ *Gender (M or F) _____

*This information will only be used to complete the background check process and help avoid any misidentification.

 Driver's LIC# State

SIGNATURE **SOCIAL SECURITY#** **DATE**

Please print this form, complete it, and mail (Greenville Hospital System, 701 Grove Road, Greenville, SC 29605) or fax it to GHS at **803-753-9002**