Regional One Health

BACKGROUND CHECK

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other person having personal knowledge about me to furnish Regional One Health and Data Facts, Inc. with any and all information in their possession regarding me, in connection with an application for employment or volunteerism. I understand and offer my consent for Regional One Health and Data Facts to inquire and/or obtain any records such as previous employment, references, educational, motor vehicle records and criminal histories. My signature on this form waives any rights I may have to bring action for defamation, invasion of privacy or any similar cause against Regional One Health and Data Facts, Inc. I acknowledge that a photocopy or fax of these authorization be accepted with the same authority as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment or volunteering is denied because of information obtained by the consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

Today's Date: _____ Signature: _____

The following must be filled out completely for your application to be considered. (Please Print)

_____

Last Name First Name Middle

Maiden Name/Former Married Name _____ Date of Change _____

_____

Current Address City/State Zip Code County Length at Address

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Current Address City/State Zip Code County Length at Address

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Current Address City/State Zip Code County Length at Address

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Current Address City/State Zip Code County Length at Address

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Current Address City/State Zip Code County Length at Address

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Current Address City/State Zip Code County Length at Address

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Current Address City/State Zip Code County Length at Address

Note: We Need All Addresses for the Past 7 Years

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State DL Was Issued _____

Please complete and mail, scan/email, or fax back to Attn: Volunteer Services, Regional One Health, 877 Jefferson Ave., volunteers@regionalonehealth.org, Office: 901.545.7247, Fax: 901.515.9161.