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# AUTHORITY TO RELEASE BACKGROUND INFORMATION

Please fill in this form and fax it back to **Advantage RN** at 866-850-4048.

## BACKGROUND REPORT AUTHORIZATION

I, \_\_\_\_\_, hereby authorize Advantage RN and/or its agents to make an independent investigation of my background, reference, character, past employment, education, criminal or police records, including those maintained by both public and private organizations, personal interviews, and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release Advantage RN and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all above referenced sources used. I understand that all or part of this information, including my social security number, may be released to clients as part of the hiring process, and agree to the release of any part or all of this information including my social security number.

This is a consumer notification that a Background Report will be requested and obtained, and that the report will be used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that a photocopy of this authorization would be accepted with the same authority as the original.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge. I understand that if any statements are found to be false or that if the information has been omitted, this will be cause for disqualification and immediate termination of my employment.

\_\_\_\_\_  
Full Name (Printed) Date of Birth

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Date of Birth\*      Social Security Number      Driver's License Number      State of Licensure

### ADDRESSES – Please provide seven years of previous addresses

1. \_\_\_\_\_  
Present Address How long?

\_\_\_\_\_  
City/State Zip Code

2. \_\_\_\_\_  
Present Address How long?

\_\_\_\_\_  
City/State Zip Code

3. \_\_\_\_\_  
Present Address How long?

\_\_\_\_\_  
City/State Zip Code

4. \_\_\_\_\_  
Present Address How long?

\_\_\_\_\_  
City/State Zip Code