CRIMINAL RECORDS and BACKGROUND RELEASE
AUTHORIZATION and DISCLOSURE

PLEASE TYPE OR PRINT

I, _____
FIRST NAME MIDDLE NAME LAST NAME (Please Include Jr., Sr., II, III, etc.)

Understand that CALVERT**HEALTH** will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, whichever are applicable, but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, work habits, work performance, professional and personal references, general reputation, personal characteristics and mode of living, workers' compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), Public Records(including social media sites), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, assessments, credit history, civil cases, OIG/GSA, OFAC/Patriots Act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for CALVERT**HEALTH** and/or its designated agents or representatives to conduct the searches and investigations. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interview with former employers/landlords and other past or current associates of mine to gather information regarding my work/tenant performance, character general reputation, personal characteristic, lifestyle and/or other items as listed in paragraph one may be obtained.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. Upon request, Essential Screens will supply a copy of my reports and my rights under the FCRA. Requests may be directed to: Essential Screens**,** 3415 W. State St., Suite B**,** Grand Island, Nebraska**,** 68803 or by contacting us at our **Toll Free: (888)494-9188.**

O CHECK THIS CIRCLE if you are applying for work with a California, Minnesota or Oklahoma-based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5, 1786.16(a)(5)(b)(1), & 1786.22; MN Code 13C Subdivision 2; OK Code 24 O.S. §148. Background screening information may be obtained through Essential Screens. For information on Essential Screen's privacy policies, visit their website at www.EssentialScreens.com

Responses to the following questions are completely voluntary. You need not respond to have your employment application considered. However, law enforcement agencies and other entities, for positive identification purposes; require the following information when checking public records. It is confidential and will not be used for any other purposes.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX(Jr., Sr., II, III)
SOCIAL SECURITY NUMBER	**DATE OF BIRTH ex.09/10/1981**	**PLEASE CIRCLE ONE**	**RACE**
		MALE OR FEMALE	

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, *including current address*, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY AND STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

APPLICANT SIGNATURE: _____ **DATE:**_____