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TOLL FREE: 800-543-9399 • LOCAL: 716-873-5111 • TOLL FREE FAX: 1-800-868-0184 • FAX: 716-873-5573

Employment Candidate Consent to Background Search and Investigation

The undersigned hereby authorizes Supplemental Health Care (hereinafter referred to as "Employer") and/or it's agents to make an investigation of my background, references, character, past employment credit reports, motor vehicle, education and criminal history record information which may be in any state or local files, including those both maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

Prior to taking any adverse action as a result of such investigation, Employer shall provide to me a copy of the consumer report or investigate consumer report which caused such adverse action and a summary of my rights under the Fair Credit Reporting Act.

I release Employer and/or it's agents and my person or entity which provides information pursuant to this authorization from any and all liabilities, claims, and/or lawsuits in regard to the information obtained from any and all of the above-referenced sources.

True and Complete Legal Name: First _____ Middle _____ Last _____

Maiden or Other Names Used: _____ Dates Used: _____

Present Street Address: _____ Dates of Residence: _____ to _____

City: _____ County: _____ State: _____ Zip Code: _____

Previous Street Address: _____ Dates of Residence: _____ to _____

City: _____ County: _____ State: _____ Zip Code: _____

Other cities and states lived in during the past seven years:

City: _____ State: _____ Dates of Residence: _____ to _____

City: _____ State: _____ Dates of Residence: _____ to _____

City: _____ State: _____ Dates of Residence: _____ to _____

Driver's License Number: _____ State of Issue: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Note: the above information is required to ensure positive identification and is in no manner used as qualification for employment

Supplemental Health Care Request for Processing

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|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Employment Verification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Civil Records |
| <input type="checkbox"/> | <input type="checkbox"/> Employer Performance Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Credit History |
| <input type="checkbox"/> | <input type="checkbox"/> Professional Reference | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> | <input type="checkbox"/> Criminal History | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Professional License Verification |
| <input type="checkbox"/> | <input type="checkbox"/> Motor Vehicle Record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Social Security Number Trace |
| <input type="checkbox"/> | <input type="checkbox"/> Drug Test | | | | | |