



BRISTOL HOSPITAL AND HEALTH CARE GROUP
 BACKGROUND INVESTIGATION AUTHORIZATION FORM
 (Volunteer)
 APPLICANT INFORMATION

Name:

(Last)	(First)	(Middle)

Current Address:

(Street)	(City)	(State)	(County)	(Zip Code)

Start Date of Residency:

List any other last names under which employment records or education may be listed:

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Conviction:

Other than minor traffic offenses, have you ever been convicted of a crime? Yes No

If YES, Please describe in detail below including date and location (City & State) of offense _____

(Social Security Number)	(Date of Birth)	(Driver's License #)	(Date Issued)

Previous Residence(s) in the Last 7 Years (Please Complete another form if necessary)

(Street)	(City)	(State)	(County)	(Zip Code)	(Dates)

(Street)	(City)	(State)	(County)	(Zip Code)	(Dates)

*****AUTHORIZATION AND GENERAL RELEASE*****

Disclosure

Bristol Hospital Inc. may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Bristol Hospital Inc. to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

NOTE: BHHCG does not discriminate on the basis of race, creed, color, religion, national origin, gender, age or disability. The information requested above is used by BHHCG to verify that the related data collected is accurate and is actually data for the particular applicant.