

Authorization to Obtain Background Checks

I, _____, **[Instruction to Applicant/Employee: Please print your name]**
 expressly authorize First Assist, Inc. to obtain background checks in accordance with client requirements, now or at any time I seek or maintain employment, assignment or placement with or through First Assist. Such background checks will consist of a criminal background check, social security number trace, sex offender registry check, license verification and OIG exclusion program check, and may include a motor vehicle check, employment and education verification and other checks if required by the client. I further authorize First Assist, Inc. to use the information obtained from such report(s) for the purpose of evaluating my eligibility for employment, assignment, placement or advancement. I also expressly authorize First Assist, Inc. to share such information with any First Assist client at any time that I seek or maintain employment, assignment or placement with such client.

I expressly release First Assist, Inc. from any and all liability of whatever kind and nature which, at any time, may result from obtaining, releasing and making an employment decision based upon, the above-authorized information.

I certify that the information provided below is true and correct.

 Signed By Date

Social Security #: Birth Date: Maiden Name:
 Driver's License #: State of issue:
 Address of current residence: Address 2:
 City: State: Zip: -

Addresses of all other residences for the past ten years:

Address: Address 2:
 City: State: Zip: -
 Dates: to

Address: Address 2:
 City: State: Zip: -
 Dates: to

Address: Address 2:
 City: State: Zip: -
 Dates: to