



**BACKGROUND CHECK DISCLOSURE AND AUTHORITY TO RELEASE INFORMATION**

In furtherance of my application for employment and during my employment, should I be employed with Nemours, I affirm that Nemours may inquire into my background through records of criminal convictions, motor vehicle information, and other reports. These reports can include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. I understand that Nemours may request information from various federal, state, and local agencies that maintain records concerning my past activities. I understand that Nemours may make employment decisions based on my background information it receives. I further understand Nemours will hold the information it receives in as confidential a manner as possible and will not provide it to unauthorized individuals.

I authorize Nemours and/or its designated agency to furnish the above mentioned information when required for employment purposes or by legal process and release all parties involved from any liability and/or responsibility for doing so. I agree that a photocopy or facsimile of this authorization shall be valid as the original.

I hereby swear or affirm that the information set out below is true.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE THE INFORMATION BELOW**

Name: (Last, First, M.I. Jr., Sr.) \_\_\_\_\_  
Maiden/Other Name or Aliases: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number and State: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
Name as it appears on License: \_\_\_\_\_

Current Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs: \_\_\_\_\_  
If currently employed: My current employer may be contacted Yes \_\_\_ No \_\_\_

**Please list any additional addresses you have lived, worked or attended school in during the past 7 years.**

Previous Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State Zip Code \_\_\_\_\_  
County \_\_\_\_\_, # yrs \_\_\_\_\_

**SECONDARY EDUCATION (HIGH SCHOOL)**

School/Institution \_\_\_\_\_  
Degree Type \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**POST- SECONDARY EDUCATION (COLLEGE, VOCATIONAL, TRADE SCHOOL)**

School/Institution \_\_\_\_\_  
Degree Type \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**ADDITIONAL POST- SECONDARY EDUCATION (COLLEGE, VOCATIONAL, TRADE SCHOOL)**

School/Institution \_\_\_\_\_  
Degree Type \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

<b>For Office Use Only</b>	
<b>To: Certiphi Inc</b>	<b>Fax:</b>
<b>800-803-7860 x2114</b>	<b>888-260-1380</b>
<b>Date Faxed: _____</b>	<b>Date Received: _____</b>

## Service Letter Release Form

Please list your most recent (or current employer) and any previous employment including HealthCare employers for the past five years. This form is required by the State of Delaware and must be filled out in its entirety.

Dates Worked:	_____	To:	_____
Employer:	_____		
Address:	_____ _____		
Telephone Number:	_____		
Position Held/duties:	_____		
Supervisor:	_____	Telephone Number:	_____

Dates Worked:	_____	To:	_____
Employer:	_____		
Address:	_____ _____		
Telephone Number:	_____		
Position Held/duties:	_____		
Supervisor:	_____	Telephone Number:	_____

Dates Worked:	_____	To:	_____
Employer:	_____		
Address:	_____ _____		
Telephone Number:	_____		
Position Held/duties:	_____		
Supervisor:	_____	Telephone Number:	_____

The statements I have made on this application are true and correct to the best of my knowledge. I understand any omission of facts by me is cause for immediate dismissal. I authorize Nemours to contact my previous employers.

**Applicant Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE AUTHORIZATION AND  
FAIR CREDIT REPORTING ACT DISCLOSURE**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

***By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_