Hospice by the Sea, Inc. **BACKGROUND INQUIRY RELEASE**

In relation to my application for employment (including contract services), I authorize the access of information from various federal, state and other agencies maintaining information regarding any public record information including, but not limited to Worker's Compensation.

I also understand, if hired, this information may be accessed during, and up to 30 days after separation from employment. I hereby consent to your obtaining various public record information from Edge Information Management, Inc. and/or any other party or agency in accordance with the Fair Credit Reporting Act and any and all state and federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

Signature: _____ Date: _____

Please **PRINT** the following information

Full name: _____
First Middle Last

City address: _____
Street

_____
City State Zip Code

Previous address: _____
Street

_____
City State Zip Code

Social security number: _____ – _____ – _____ Date of birth: _____ / _____ / _____
Month / Day / Year

Sex: ☐ male ☐ female

Race: _____
This information is used for identification of records only.

Driver's license state: _____

Driver's license number: _____

Professional license/certificate:

Position applied for: