



Premier Healthcare Professionals

Background Investigation Consent

I, _____, hereby authorize PHP and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal of police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the PHP.

I release PHP and/ or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Address

How Long?

City/ State

Zip?

Former Address

How Long?

City/ State

Zip?

Date of Birth

Social Security Number

Driver's License Number

State

Signature

Date

* Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Premier Healthcare Professionals is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.