

CRIMINAL BACKGROUND CHECK INQUIRY AUTHORIZATION

In connection with my application for, and for the duration of my membership or privileges to provide services at HelpCare Clinic, I understand that criminal background inquiries will be made on myself, including, but not limited to, Social Security trace report and debarment searches with the Office of the Inspector General and the General Services Administration at initial appointment and then as deemed necessary. I understand that HelpCare Clinic and/or its representative will be requesting information from various federal, state and other agencies which may maintain records concerning past criminal activities.

ATTACH A COPY OF PROOF OF I.D. IN THE FORM OF A VALID DRIVER'S LICENSE

I authorize, without reservation, any representative of HelpCare Clinic to conduct a background check/inquiry as described above:

Print Full Name: _____

Social Security Number _____ - _____ - _____

Date of Birth* ____/____/____

Current Address _____

City _____ State _____ Zip _____

Applicant's Signature _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.