

# Stillwater Medical Group

## DISCLOSURE OF AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

Stillwater Medical Group may obtain consumer reports about you for employment purposes. Stillwater Medical Group will rely on the results of this check as a factor in determining whether to make you an offer of employment.

Name _____		
First	Last	Middle
Please list any previous names or aliases _____		
Address _____		City _____ State _____
County _____	Zip _____	Phone Number(s) _____
Social Security # _____		
Professional Certification or License Number _____		Exp. Date _____ Issuing State _____
Date of Birth * _____ / _____ / _____		
	Month	Day Year
Position Applying For _____		
* Date of birth is requested only to accurately retrieve records.		

Please read and sign the following:

I authorize Stillwater Medical Group to conduct, or hire services to conduct a background investigation of me. I authorize any parties contacted to release information to my employer or its agent (e.g., a consumer reporting agency) regarding my previous employment, Criminal history on the federal, state, and local levels, military records, credit history, driving record, drug test results, academic records, licenses and certifications, and any other information.

I understand that Stillwater Medical Group and its agents cannot guarantee the accuracy of any information reported to it by third parties, and I release the Stillwater Medical Group and its agents from liability for damages that arise from errors or omissions in my background investigation.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Print

Signature \_\_\_\_\_

Upon a conditional offer of employment, background checks may include medical inquiries and worker's compensation history.

<p align="center"><b>California, Minnesota and Oklahoma Residents Only:</b></p> <p>_____ Please check here to have a copy of your consumer report sent directly to you by Validex Employment Screening Services at the address listed above</p>
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