



Criminal Background Investigation Consent

APPLICANT INFORMATION (to be completed by the APPLICANT ONLY)

FULL LEGAL NAME (including maiden or other names used PLEASE PRINT):

CURRENT AND PREVIOUS ADDRESSES WHERE YOU HAVE LIVED IN THE LAST 7 YEARS:

Street Address	CITY	STATE	ZIP
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Street Address	CITY	STATE	ZIP
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SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DOB:** ____/____/____

SIGNATURE: _____ **DATE:** _____

I hereby authorize Access Healthcare Staffing Agency LLC and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or 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.

I release Access Healthcare Staffing Agency LLC 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 of 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.

OFFICIAL OFFICE USE ONLY – Please do not write in the spaces below

NJ State Bureau of Investigation Computerized Criminal History

CONDUCTED ON: _____/_____/_____

BY: _____

RESULTS: [] CLEAR – No records found [] RECORDS FOUND