# BRISTOL HOSPITAL & HEALTH CARE GROUP
## BACKGROUND INVESTIGATION AUTHORIZATION

APPLICANT INFORMATION

**Name:**

| (Last) | (First) | (Middle) |
|---|---|---|

**Current Address:**

| (Street) | (City) | (State) | (County) | (Zip Code) |
|---|---|---|---|---|

**List any other names under which employment records or education may be listed:**

| |
|---|
| |

| | **Date of Birth:** | **Drivers License #:** | **Date Issued:** |
|---|---|---|---|
| | | | |

**PREVIOUS RESIDENCE(S) IN THE LAST 7 YEARS (PLEASE COMPLETE ANOTHER FORM IF NECESSARY):**

| (Street) | (City) | (State) | (County) | (Zip Code) | (Dates) |
|---|---|---|---|---|---|
| (Street) | (City) | (State) | (County) | (Zip Code) | (Dates) |

**********  AUTHORIZATION & GENERAL RELEASE  **********

In conjunction with my employment application, and any future updates that may be requested, I hereby authorize BH & HCG and their agents, including Hettrick, Cyr & Associates, Inc., to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, driving, employment, military, educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge BH & HCG, all of their agents (Hettrick, Cyr & Associates, Inc.) and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request (s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request (s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to Hettrick, Cyr & Associates, Inc., for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that Hettrick, Cyr & Associates, Inc.'s reporting of information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer's request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

SIGNED: _____ DATE: _____

**NOTE: BH & HCG does not discriminate in hiring on the basis of race, creed, color, religion, national origin, gender, age or disability. The information requested above is used by BH & HCG to verify that the job-related data collected is accurate and is actually data for the particular applicant.**