

# Allegiant Healthcare Services Background Check Authorization Form

## Applicant Agreement and Release

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or termination.

In connection with my application for employment, I understand that investigative background inquiries will be made about me that can include education verification and criminal convictions. ***The information on this form will be used solely for the purpose of conducting background checks to determine employment eligibility and will be maintained in a confidential file, separate from the general personnel file.***

## Applicant Information and Signature

I understand that to aid in the proper identification of my file or records, the following information is necessary:

Print Your Name \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Drivers' License No. \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_