

AUTHORIZATION FORM – www.backgroundcheckadvantage.com

4/20/2016



METRO RPH
Brooks Fleetwood
618-462-2484 Fax
618-717-0145

First Name

Middle Name

Last Name

Alias/Maiden Name(s)

Will Employee's Salary Exceed \$75,000?

☐ No ☐ Yes

Social Security Number

Date of Birth

Race

Gender

☐ Male ☐ Female

Mailing Address (NO P.O. Boxes)

City

State

Zip

As part of the ☐ employment ☐ volunteer ☐ student ☐ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for ☐ employment ☐ volunteer ☐ student ☐ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

DATE: ____/____/____

Signature of Applicant

BACKGROUND SEARCHES
☐ **OIG** (Medicare/Medicaid Fraud & Abuse) ☐ **GSA** (Federal Procurement Fraud) ☐ ****FCSR**
☐ **SSN Plus** (Address & Alias Name are included) ☐ **Address Verification** ☐ **Alias Name Search**
☐ **Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

☐ **Wants & Warrants** (Nationwide - extraditable only) ☐ **OFAC** (Specially Designated Nationals and Blocked Persons List)

Child Abuse/Neglect – ☐ **IL**** ☐ **IA**** ☐ **IN**** ☐ **KS**** ☒ **MO*** ☐ **NE**** ☐ **TN**
☐ ***MO Mental Health Employee Disqualification Registry** ☐ **MO EDL** (Employee Disqualification List)

☐ **FEDERAL COURTS - Criminal** State 1: ____ 2: ____ **SEX OFFENDER** ☐ **Nationwide** or ☐ **State 1:** ____

☐ **DRIVING RECORD** State ____ **DL#** ____

☐ **PROFESSIONAL LICENSE** ☐ **National** or ☐ **State** ____

Type: ____ **License Number:** ____

☐ **EDUCATION** School Name (include campus): ____

City/State: ____/____ **Major:** ____ **Graduation Date:** ____/____

Degree Type: ____ (BSN, B.A., etc.) **Name While Attending:** ____

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

☐ **EMPLOYMENT** Company: ____ **City/State:** ____/____

Phone: ____/____-____ **Manager:** ____ **Start Date:** ____/____ **End Date:** ____/____

Title: ____ **Starting Wage:** \$____ **Ending Wage:** \$____

Duties: ____

Reason for Leaving: ____

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED
States with county by county access only: CA, LA, MA, WV and WY
County 1: ____ **State:** ____ **County 2:** ____ **State:** ____ **County 3:** ____ **State:** ____
STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State

<input type="checkbox"/> AL*	<input type="checkbox"/> AK*	<input type="checkbox"/> AZ	<input type="checkbox"/> AR*	<input type="checkbox"/> CO	<input type="checkbox"/> CT*	<input type="checkbox"/> DE	<input type="checkbox"/> DC*	<input type="checkbox"/> FL	<input type="checkbox"/> GA*
<input type="checkbox"/> HI	<input type="checkbox"/> ID**	<input type="checkbox"/> IN	<input type="checkbox"/> IA*	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MI	<input type="checkbox"/> MN
<input type="checkbox"/> MO	<input type="checkbox"/> MS*	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV*	<input type="checkbox"/> NH**	<input type="checkbox"/> NJ	<input type="checkbox"/> NM*	<input type="checkbox"/> NY*	<input type="checkbox"/> NC*
<input type="checkbox"/> ND	<input type="checkbox"/> OH*	<input type="checkbox"/> OK	<input type="checkbox"/> OR*	<input type="checkbox"/> PA	<input type="checkbox"/> RI*	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX
<input type="checkbox"/> UT*	<input type="checkbox"/> VA*	<input type="checkbox"/> VT*	<input type="checkbox"/> WA	<input type="checkbox"/> WI					

Note: Nevada & Ohio are **Felony** Only

☐ Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

***Required Form(s) & **Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**