

PATCHOGUE AMBULANCE COMPANY
**AUTHORIZATION FOR
RELEASE OF INFORMATION**

As part of my conditions of employment/membership with the Patchogue Ambulance Company,

I authorize the Patchogue Ambulance Company or its agents to conduct the following background checks/consumer reports:

- Criminal Check
- Social Security # Verification
- Education Verification
- Motor Vehicle/Driving History Records

Applicant's Information:

Please Print Full Legal Name (including middle name):

First _____ Middle _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ State of License: _____

Date of Birth: ____ / ____ / ____

Applicant's Signature: _____

Date Signed: ____ / ____ /20 ____