

Criminal Record and Background Check

Applicant Name: _____

SIN/SSN: _____

As a condition of employment, I understand and agree to submit to a background and criminal investigation I release all parties from all liability the employer and any person, firm or corporation who provides information concerning my prior education, employment or character.

Employee Authorization to release confidential information on my employment file, background check. By affixing my signature hereunder, I authorize STAT Medical Staffing to release any and all confidential employment, background check contained in my employment file to any medical facility or entity with whom they have a staffing agreement, and to to any other governmental or regulatory agency at such agency's request.

For all other purposes, STAT Medical Staffing shall my employment records confidential and shall advise any medical facility or their entity to whom records have been provided to also keep such records confidential.

I herby waive any privilege I may have confidential. I herby waive any privilege I may have to this information with respect to its release to STAT Medical Staffing.

Signature of Applicant: _____ **Date** _____