



## **BACKGROUND, EMPLOYMENT & NURSE REGISTRY CHECK AUTHORIZATION FORM FOR PROSPECTIVE EMPLOYEE**

In connection with my application for employment with Adjacent Health Care Services, I hereby agree as follows:

### **1. General Consent to Background, Employment & Nurse Registry Investigations**

As a condition of Company's consideration of my employment application, I give permission to Company to investigate my nurse registry conduct, personal and employment history, whenever required. I understand that this background investigation will include, but not be limited to, verification of all information on my criminal, nurse registry conduct, and employment information.

### **2. Consent to Contact Past Employers**

I specifically give permission to Company to contact all of my prior employers for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Company, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Company. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to Company. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this Agreement.

### **3. Consent to Contact Government Agencies**

I further give permission to the Company to receive a copy of any information obtained in the file of any federal, state, or local court, or governmental agency concerning or relating to me. I further consent to the release of such information and waive any right

