



Holsman Healthcare, LLC  
Healthcare Staffing and Consulting Services  
Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

## **Disclosure and Release**

In connection with my application for employment (including contract for services) with Holsman Healthcare, I understand that a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes will be conducted. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Holsman Healthcare or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Holsman Healthcare, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I hereby authorize procurement of consumer report(s)/investigative consumer report(s). I understand this authorization automatically expires 90 days from the date executed below. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Holsman Healthcare to procure consumer report(s)/investigative consumer report(s) at any time during my employment (or contract) period. I understand I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name: \_\_\_\_\_

Former Names & Dates Used: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Social Security No.: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

State: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_