



Hospital Services Corporation Background Investigation Services

Disclosure and Authorization Form

This form has been provided to you because **Big Brother Big Bister of Central New Mexico**, will obtain investigative consumer reports through a background check performed by Hospital Services Corporation (HSC) that may include information regarding character, general reputation, personal characteristics, credit reports, motor vehicle records, police records, criminal records, education, qualifications, and work experience, along with reasons for termination of past employment from previous employers. Further, information may be requested concerning your motor vehicle registration history and criminal history from various states, along with other public records available.

By signing below, you hereby authorize and request, without any reservation, any present or past employer or supervisor, institution of learning; administrator, law enforcement agency, local or state agency, federal agency, private business, credit bureaus, military branch, personal references, and/or other persons to give records or information they may have concerning information requested as part of the background investigation. You further authorize that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original as long as it is transmitted by this employer or (HSC) and is received within one year of the signature date.

If you are denied acceptance to volunteer, either wholly or partly, because of information contained in resulting reports, a disclosure will be made available to you with the name and address of the consumer reporting agency making such report. If the report contains information about you that is a matter of public record, such as arrests, indictments or convictions, you may also be informed of the name and address of any person to whom the information is reported.

Applicant Signature

Date Signed

Please write legibly and complete the following:

APPLICANT INFORMATION					
_____ Last Name	_____ First Name	_____ Middle Name or Initial	_____ Social Security Number		
_____ Maiden Name	_____ Other Names, Nicknames or Aliases used		_____ Date of Birth (Month/Day/Year)		
_____ Present Address	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Previous Address (Within last 7 years)	_____ Number/Street/Quadrant	_____ City	_____ State	_____ Zip Code	_____ How Long?
_____ Driver's License Number	_____ State Issued	_____ Expiration Date	Operator <input type="checkbox"/>	Commercial (CDL) <input type="checkbox"/>	