

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

**** THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE OR INACCURATE!**

I, (print full legal name) _____, understand that a consumer report about me may be obtained by Piedmont Healthcare for volunteer purposes. I do hereby authorize ALL FACTS, INC. to receive any criminal history record information pertaining to me, which may be in the files of any federal, state or local criminal justice agency in Georgia or any other State as well as to obtain any information regarding my traffic information, criminal history, including history of violations and status of Driver's License, education history and employment history including evaluations. Said information is to be released to ALL FACTS, INC. for dissemination to Piedmont Healthcare. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information. **Please enter the information requested below truthfully and accurately.** If you do not recall any requested information, please indicate. Information obtained may be used in conjunction with the consumer report Piedmont Healthcare may obtain. **GIVING FALSE INFORMATION MAY DISQUALIFY AN APPLICANT FROM VOLUNTEERING OR (IF LATER VOLUNTEERING) MAY LEAD TO TERMINATION OF VOLUNTEERING.**

Signature of Applicant: _____ (Male ___ Female ___) Date: _____

Driver's License or ID #	State	
Name as it appears on Driver's License		
SSN#	Place of Birth	Date of Birth*

*This information will be kept in a confidential file and only used for identification purposes during the background check process.

Other Names used: 1) _____ Dates: From _____ To _____
month/year month/year
 (maiden name/aliases) 2) _____ Dates: From _____ To _____
month/year month/year

How many consecutive years have you lived in Georgia? _____ Please list your **complete current address** and all **City/County/States** where you have resided for the **PAST 10 YEARS** including places where you attended school or worked temporarily.
(If any additional space is needed, use separate sheet.)

1. _____ Dates: From _____ To _____
month/year month/year
2. _____ Dates: From _____ To _____
month/year month/year
3. _____ Dates: From _____ To _____
month/year month/year
4. _____ Dates: From _____ To _____
month/year month/year
5. _____ Dates: From _____ To _____
month/year month/year
6. _____ Dates: From _____ To _____
month/year month/year
7. _____ Dates: From _____ To _____
month/year month/year

Date of active military service (if applicable or write N/A): Dates: From _____ To _____
month/year month/year