



## Background Check

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit West Virginia Nursing Network, LLC (WVNN) to obtain a consumer report and/or an investigative consumer report which may include the following:

- My employment records.
- Records concerning any driving, criminal history, credit history, civil history, civil record, workers' compensation and drug testing;
- Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and a mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize WVNN to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment.

Full Name: (print) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

List other names under which you have been employed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Background Check Consent Form

I hereby authorize West Virginia Nursing Network, LLC (WVNN) to receive any criminal history on file pertaining to me from any federal, state or local criminal agency.

**Full Name (print):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*Sex:** Male      Female

**\*Race:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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Employee Signature

\*The above information is necessary to retrieve criminal history information.