



EMPLOYMENT SCREENING CONSENT FORM

I, _____, hereby authorize MedFirst Staffing, LLC and its agents to make an independent investigation of my credit report, background, references, character, past employment, education, criminal and/or police record, including those maintained by both public and private organizations and all public records for the purpose of confirming my qualifications for employment. I understand that personal information requested on this form, including race, sex, and date of birth will be used to obtain background history reports only.

Name: _____ Maiden/Other Name Used: _____
Last First Middle

Driver's License Number: _____ Social Security Number: ____ - ____ - ____

Race: _____ Sex: _____ Date Of Birth: ____/____/____

Present Street Address City State Zip Code

County How Long at Present Address () Telephone Number

I hereby release and discharge MedFirst Staffing, LLC and its employees, officers, agents, affiliates, and entities from any and all claims, rights of action or liability of any kind of nature in regards to the information obtained from any and all of the above referenced sources used.

This above is my true and complete legal name and all information is true and correct.

Applicant Print Name Date

Employee/Applicant Signature Date

MedFirst Staffing Representative (signature) Date

MedFirst Staffing Use Only

- | | |
|---|---|
| <input type="checkbox"/> Credit Report for Employment | <input type="checkbox"/> Social Security Verification |
| <input type="checkbox"/> State Criminal History _____ (State) | <input type="checkbox"/> Employment Verification * |
| <input type="checkbox"/> Workers Compensation History | <input type="checkbox"/> Education Verification* |
| <input type="checkbox"/> Driving History Reports | * Signed application must be attached |