

Guilfoyle Ambulance Service

AUTHORIZATION TO RELEASE INFORMATION

I, _____ Last Name	_____ First Name	_____ Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	State
_____	_____	_____

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **Guilfoyle Ambulance Inc.** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **Guilfoyle Ambulance Inc.** for identification purposes and for the release information which will be considered in determining any suitability for continued and new employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **Guilfoyle Ambulance Inc.** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I hereby do _____ do not _____ authorize you to keep this on file for the duration of my employment to serve as ongoing authorization to **Guilfoyle Ambulance Inc. to procure Drivers License Abstracts at any time during my employment or contract period.

I understand that reports which may contain public records information may be requested and obtained. These reports may include information related to my driving record, court actions, citations, suspensions and revocations.

I have the right to make a request to **Guilfoyle Ambulance Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Guilfoyle Ambulance Inc.** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date

Guilfoyle Ambulance will comply with all local, state and federal regulation regarding the information within this check. The background check will be reviewed by Administration and maintained in your employee file. Any questions or concerns regarding this check will be addressed directly with the employee and the employee will be provided a copy of this report if the report has any information that needs to be verified or reviewed by the employee or the employer.