RIVER STAFFING SOLUTIONS, LLC

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

Applicant Name: _____

Other Names Used (Maiden, Previous, Alias): _____

Date of Birth: _____

Social Security Number (Last 4 Digits): ___

Driver's License Number: ____

State of Issue: _____

Current Address:

Previous Address (if less than 7 years at current address):

Position Applied For:

AUTHORIZATION

I hereby authorize River Staffing Solutions, LLC and its designated agents and representatives to obtain and review information regarding my background for employment purposes.

I understand that this investigation may include, but is not limited to:

• Criminal history records

• Employment verification

• Professional license verification

• Education verification

• Reference checks

• Driving records (if applicable)

• Healthcare sanctions and exclusions

• OIG Exclusion List

• State Medicaid Exclusion Lists

• National Practitioner Data Bank (where permitted)

I understand that information obtained will be used solely for employment and credentialing purposes.

I release River Staffing Solutions, LLC and all persons, agencies, and organizations providing information from any liability arising from the release or use of such information.

I understand that I may request additional information regarding the nature and scope of this background investigation as permitted by applicable law.

Applicant Signature: _____

Date: _____

Printed Name: _____

Witness/Agency Representative: ___

Date: _____