

**AUTHORIZATION FORM – [www.backgroundcheckadvantage.com](http://www.backgroundcheckadvantage.com)**

4/6/2016



**Southeast Missouri Hospital**  
**College of Nursing & Health Sciences**  
**2001 William St., Cape Girardeau, MO 63703**  
**Phone: 573/334-6825 Fax: 573/339-7805**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Alias/Maiden Name(s)** \_\_\_\_\_

**Will Employee's Salary Exceed \$75,000?**

No  Yes

**Social Security Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

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

**Gender**

Male  Female

**Mailing Address (NO P.O. Boxes)** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**BACKGROUND SEARCHES**

**OIG** (Medicare/Medicaid Fraud & Abuse)  **GSA** (Federal Procurement Fraud)  **\*\*FCSR**

**SSN Plus** (Address & Alias Name are included)  **Address Verification**  **Alias Name Search**

**Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

**Wants & Warrants** (Nationwide - extraditable only)  **OFAC** (Specially Designated Nationals and Blocked Persons List)

**Child Abuse/Neglect** –  IL\*\*  IA\*\*  IN\*\*  KS\*\*  MO\*  NE\*\*  TN

**\*MO Mental Health Employee Disqualification Registry**  **MO EDL** (Employee Disqualification List)

**FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_ **SEX OFFENDER**  Nationwide or  State 1: \_\_\_\_\_

**DRIVING RECORD** State \_\_\_\_\_ **DL#** \_\_\_\_\_

**PROFESSIONAL LICENSE**  National or  State \_\_\_\_\_

**Type:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**EDUCATION** School Name (include campus): \_\_\_\_\_

**City/State:** \_\_\_\_\_ / \_\_\_\_\_ **Major:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Degree Type:** \_\_\_\_\_ (BSN, B.A., etc.) **Name While Attending:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**EMPLOYMENT** Company: \_\_\_\_\_ **City/State:** \_\_\_\_\_ / \_\_\_\_\_

**Phone:** \_\_\_\_/\_\_\_\_-\_\_\_\_ **Manager:** \_\_\_\_\_ **Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Title:** \_\_\_\_\_ **Starting Wage:** \$\_\_\_\_\_ **Ending Wage:** \$\_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

**States with county by county access only: CA, LA, MA, WV and WY**

**County 1:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County 2:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County 3:** \_\_\_\_\_ **State:** \_\_\_\_\_

**STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State**

- AL\*  AK  AZ  AR\*  CO  CT\*  DE  DC\*  FL  GA\*
- HI  ID\*\*  IN  IA\*  KS  KY  ME  MD  MI  MN
- MO  MS\*  MT  NE  NV\*  NH\*\*  NJ  NM\*  NY\*  NC
- ND  OH\*  OK  OR\*  PA  RI\*  SC  SD  TN  TX
- UT\*  VA\*  VT\*  WA  WI

Note: Nevada & Ohio are **Felony** Only

Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

**\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**