



**AUTHORIZATION TO RELEASE INFORMATION**

I authorize HealthSource Integrated Solutions and its subsidiary companies to contact any company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record, and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application. A credit report detailing personal financial history may also be obtained as part of this background check.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Maiden Name and/or other names known by: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State driver's license issued: \_\_\_\_\_

HealthSource and Compliance one currently verify information with:

- Bureaus of Investigation
- Credit
- Prior employment
- References
- Education

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.