ELITECARE MEDICAL STAFFING
AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

In connection with an application for employment, I hereby authorize and request any present or former employer, educational institution, or reference to furnish **ELITECARE MEDICAL STAFFING** their respective subsidiaries, affiliates, successors or assigns (together the "Company"), with any and all information in their possession regarding me in connection with an application for employment. I also authorize any police department, other governmental or SettlementOne Screening to provide information regarding background checks.

I understand the nature and scope of said inquiries may include, but are not limited to verification, and inspection of lawfully available records pertaining to my work history; education; criminal convictions; civil cases; driving history (including, but not limited to: moving violations, at-fault accidents, DWI/DUI convictions, revoked driver's license and reckless driving convictions), substance abuse detection, and any other information available from any public records(s) and/or otherwise documented record(s), and/or from any past or present employers, professional, business or personal associates.

I hereby release and hold harmless from liability the Company and their representatives for seeking such information and all persons, corporations and organizations for furnishing such information.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read this agreement and fully understand its contents. I acknowledge that my signing of this consent agreement is a voluntary act on my part, and I have not been promised anything or coerced into signing this agreement by anyone. I understand this authorization will remain valid six months or for the duration of my employment through the Company, which ever is longer.

_____ _____
Print Name Email Address

_____
Signature Date Phone Number

The following information is requested for background identification purposes only:

_____ _____/_____/_____ _____
Surname or Maiden Name Date of Birth Social Security Number

_____ _____/_____/_____ _____
Driver's License Number Expiration Date Issuing State

How long have you lived in your current state? _____ (years)

What other states have you lived in the past 7 years?

_____

Current & Previous addresses for the last 7 years (City, State & Zip code)

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