



For Office Use Only  
 Date Received: \_\_\_\_\_, 20\_\_\_\_  
 Reviewed by: \_\_\_\_\_

**Confidential**

## Background Check Authorization

<b>Printed Name:</b>	_____	_____	_____
	Last	First	Middle
<b>Former Name:</b>	_____	_____	_____
	Last	First	Middle
<b>Current Address:</b>	_____	_____	_____
	Number & Street	City	State
			Zip Code
			How Long
<b>Previous Address:</b>	_____	_____	_____
	Number & Street	City	State
			Zip Code
			How Long
<b>Previous Address:</b>	_____	_____	_____
	Number & Street	City	State
			Zip Code
			How Long
<b>Social Security Number:</b>	_____		<b>Date of Birth:</b> _____
<b>Phone Number:</b>	_____		<b>Alternate Phone Number:</b> _____
<b>Driver's License Number:</b>	_____		<b>Issuing State:</b> _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize TekWave LLC d/b/a MedWave Healthcare Staffing and its designated agents and representatives to conduct a comprehensive review of my background, encompassing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to MedWave Healthcare Staffing or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. MedWave Healthcare Staffing and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

<b>Signature:</b> _____	<b>Date:</b> _____
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**Notice to California, Minnesota, and Oklahoma Residents:** Please check the box below if you wish to receive a copy of the requested consumer report

I wish to receive a copy of any background check report pertaining to me that is requested.