

INFORMATION RESOURCES  
DISCLOSURE RELEASE FORM

This is to inform you that as part of our procedure for processing your employment application, the hiring company, Potomac Hospital, will use **Information Resources**, an independent outside agency.

This agent may make an investigative report in which information is obtained through interviews with courts, law enforcement agencies or other third parties with whom you are acquainted. This information will include inquiries as to any criminal convictions.

By signing the document below you are releasing any and all persons, companies or others from any liability whatsoever for this purpose.

You have the right to make a written request, within a reasonable period of time, for complete disclosure of additional information concerning the nature and scope of the investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Personal Background Statement

(Please print clearly and fill in all information)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Indicate Jr., Sr., Etc.: \_\_\_\_\_

List all other names used: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all cities, states and the dates where you have lived for the past **ten** (10) years:

City	State	Dates From	To

I certify that the information provided is true and complete to the best of my knowledge. I authorize disclosure and release of information on all statements contained in my application for employment as well as the above for purposes of a criminal background investigation. In the event of employment, I understand that false or misleading information given in my application, interview(s) or failure to disclose criminal convictions may result in immediate termination, and I am employed at-will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Conviction of a crime does not necessarily preclude employment at Potomac Hospital.* (4B)