



Winneshiek MEDICAL CENTER

Disclosure and Authority to Release Information

I understand that in the processing my application with Winneshiek Medical Center, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on the application, resume or via the interview process.

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Winneshiek Medical Center and its agent from any liability.

I hereby give permission to Winneshiek Medical Center to conduct a criminal history check with the Division of Criminal Investigation and/or National Crime Information Center. Any information maintained by the DCI or NCIC may be released and I understand that it will be used by the requestor only for licensing/employment or volunteer purposes.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

(Please Print)

CURRENT NAME: _____
(Last) (First) (Middle)

List Maiden name and any other previous name you have had:

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

SIGNATURE: _____ DATE: _____