

## PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with **CENTER FOR FAMILY GUIDANCE, PC, CFG HEALTH SYSTEMS. LLC OR ANY OF ITS SUBSIDIARIES, HEREAFTER KNOWN AS CFG.** , I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, former employment, academic and other reports. These reports will include information as to my character, work habits, **hospital affiliations** ( if applicable ) **malpractice claims** history, job performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies including private organizations which maintain records concerning my past activities relating to my **driving, credit, criminal, civil, academic** and other experiences along with **medical and immunization history** ( if applicable) as well as claims involving me in the fields of insurance companies.

I also understand that **CFG** has the right to rescind an offer of employment, if an offer has been extended as well as the right to terminate employment based in whole or in part on one or more consumer reports compiled and furnished by **EMPLOYEE SCREENING SERVICES.**

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I hereby consent to your obtaining the above information from **EMPLOYEE SCREENING SERVICES** and/or any of their licensed agents.

\_\_\_\_\_  
Print Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Driver's ID#

(\_\_\_\_\_)\_\_\_\_\_  
(State of Issue)