

UNIVERSITY HEALTH SYSTEM, INC.
Background Search



As a condition of **volunteering** for the hospital, University Health System, Inc. will contract with a consumer reporting agency to complete a **pre-volunteering background search**. The search may include verification of your education, credentials, previous employment/work history, personal references, motor vehicle records, National Sexual Abuse Registry and to receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any state and a social security number trace. The information received may include, but may not be limited to the aforementioned agencies. The results of this verification process will be used to determine your eligibility to **volunteer**. Convictions for a felony or misdemeanor will not necessarily be a bar to volunteering.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

I authorize Private Eyes, Inc. and any of its agents or designated representatives to disclose orally, electronically, and in writing the results of this background search and/or interview to the designated authorized representatives of UHS.

I do hereby release and discharge UHS, its agents, Private Eyes, Inc and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by UHS and to receive, orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

Any misrepresentations or deliberate omissions on this authorization may be justification for refusal of acceptance into the **volunteer program** by UHS; therefore, the information supplied on this form is accurate to the best of my knowledge and is subject to verification by UHS. Routinely Knox County will be searched for everyone with any residence in Tennessee.

Volunteer Applicant Signature

Date

The following information will be used for identification purposes in verifying information for a background search. This information will not be considered as part of your application for volunteering. You should print clearly all information and include the last **seven** years of residence (please ask for additional forms if needed).

Name _____
Last First Middle Other Name (i.e. Maiden name)

Social Security # _____ Date of Birth _____ Gender Female Male

Current Address _____
Street Apt# County City State Zip Yrs _____ Mos _____

Previous Address _____
Street Apt# County City State Zip Yrs _____ Mos _____

Previous Address _____
Street Apt# County City State Zip Yrs _____ Mos _____

Driver's License _____
Number State Expiration