

# MILLENNIUM MEDICAL STAFFING INC.

---

2488 Grand Concourse Suite 334  
Bronx, NY 10458

P: (718) 364-7250  
F: (718) 364-7355

## **EMPLOYEE BACKGROUND INVESTIGATION CONSENT FORM**

### **Disclosure**

In relation to your application for employment, or your current employment, your prospective employer/employer may obtain a consumer report or an investigative consumer report. Such reports may include information as to your character, general reputation, personal characteristics, and mode of living. Also, subsequent reports may be requested to update, renew or extend employment. This disclosure is given to you in compliance with the Federal Fair Credit Reporting Act and applicable state law. You have the right to request additional disclosures as to the nature and scope of the investigation from your prospective employer/employed. Such request must be made in writing.

### **Authorization Release**

I certify receipt of this notice and the attached summary of rights and hereby give permission to my prospective employer/employer and its agents to verify information submitted by and to conduct a background investigation on me. I understand this may include social security number verification, and address history, criminal history, driving history, a credit report, education history, license/certification verification, past employment information, reference checks and/or any other public records, I authorize the complete release of these records. Such verification shall not constitute a violation of my right to privacy in any manner and I hereby release them from all liability whatsoever for actions related to this information. I understand that the sole purpose of obtaining this information is for employment reasons. I understand that I must provide date of birth to adequately complete the background investigation, and acknowledge that my date of birth will not affect any hiring decision.

### **New York Applicants**

Upon written request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Name: \_\_\_\_\_  
(Print)

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