Foundation Medical Staffing

BACKGROUND RELEASE

Last Name	First Name	Social Security Number	Discipline

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

I understand that in conjunction with my application to provide temporary allied healthcare services to CHG Medical Staffing, Inc. dba Foundation Medical Staffing ("Foundation"), Foundation will use the services of an outside agency to research and verify the information I have provided on my application which relates to my work, educational history, professional standing and qualifications. Foundation uses TRAK-1, a consumer-reporting agency**,** as an agent to perform its background investigations. TRAK-1 will provide a written report of its findings to Foundation. I understand and agree that the background check will include a criminal background check and I hereby consent to the performance of the same.

TRAK-1 will utilize various sources of information it deems appropriate including but not limited to: consumer credit reports, criminal records, eviction records, negative check writing history, rental performance data, employment information, and professional and personal references. I request, authorize and consent to the release and disclosure of any and all information relating to my background including but not limited to the above to Foundation and TRAK-1. In compliance with the Fair Credit Reporting Act, I understand that I will be notified by Foundation if my application is denied because of information obtained from a consumer reporting agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Foundation. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: TRAK-1, 6060 Richmond #170, Houston, Texas 77057. I understand that Foundation will send to me a copy of the report if an adverse action is taken as a result of information contained in the report, or upon my request as outlined herein. I further understand that Foundation is an Oklahoma based company and therefore agree that the laws of the State of Oklahoma shall apply to this consent and release.

FOR POSITIVE IDENTIFICATION PURPOSES, THE FOLLOWING INFORMATION IS REQUIRED. THE INFORMATION YOU PROVIDE WILL BE TREATED AS STRICTLY CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signature: _____ Date: _____

Name as it appears on your Driver's License *	Driver's License Number *	State/Province *
Other names you have used		Date of Birth *

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Address 1 *	Address 2			From (mm/yy) *
City *	State/Province	Zip/Postal Code	Country *	To (mm/yy) *

Address 1 *	Address 2			From (mm/yy) *
City *	State/Province	Zip/Postal Code	Country *	To (mm/yy) *

** Required Information*

@ CHG Management, Inc. 2007

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Address 1 *		Address 2		From (mm/yy) *
City *	State/Province	Zip/Postal Code	Country *	To (mm/yy) *

Address 1 *		Address 2		From (mm/yy) *
City *	State/Province	Zip/Postal Code	Country *	To (mm/yy) *

Address 1 *		Address 2		From (mm/yy) *
City *	State/Province	Zip/Postal Code	Country *	To (mm/yy) *

Address 1 *		Address 2		From (mm/yy) *
City *	State/Province	Zip/Postal Code	Country *	To (mm/yy) *

** Required Information*

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