

BACKGROUND CHECK AUTHORIZATION FORM

Name: _____ Maiden Name: _____

Current Address: _____
Street City State Zip Code

Number of years are residence? _____

1st Previous Address: _____
Street City State Zip Code

Number of years are residence? _____

2nd Previous Address: _____
Street City State Zip Code

Number of years are residence? _____

Social Security Number: _____ Date of Birth: _____

Driver's License # and State Issued: _____

Email Address: _____
(may be used for official correspondence)

Consumer Disclosure

I understand that Trillium Health Resources may rely on one or more consumer reporting agencies such as IntelliCorp, Inc. to obtain a consumer report(s) or investigative consumer report(s) (criminal background check, Databank, etc.) for credentialing purposes and I attest that all personal data provided is true, accurate, and complete.

Applicant Authorization

I hereby authorize Trillium Health Resources to obtain and rely upon consumer reports or investigative consumer reports for the purpose of credentialing.

Applicant's Signature

Date

