



# Cooperstown Medical Transport

## BACKGROUND INVESTIGATIVE AUTHORIZATION

In connection with my employment or application for employment or promotion with Cooperstown Medical Transport, Inc., I understand that background inquiries may be requested by you, or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, credit history, civil matters, previous employment, education background, professional licensing, as well as other experiences.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report request at any time during the tenure of my employment. This release is valid for all federal, state, county and local agencies and school authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of this investigation.

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List Previous addresses and names (*Maiden and/or aliases*) used during the past 7 years

Name	Address	City, State, Zip	County
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Signature: \_\_\_\_\_

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