



BACKGROUND INVESTIGATION GENERAL RELEASE FORM

In connection with my application for employment (including contract for service) with Meridian Health, I understand that investigative inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. I understand that Meridian Health will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences. I recognize further that Meridian Health may conduct a periodic background investigation during the course of my employment inclusive of a consumer credit report in connection with any workplace investigation.

I authorize without reservation any party or agency contacted by Meridian Health to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from Adam Safeguard and/or any of their licensed agents. **I understand to aid in the proper identification of my file or records, the following personal identifiers, as well as other information, is necessary. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is being sought for the sole purpose of performing a lawful background check in connection with the employment process. Meridian does not consider an applicant's age or any other protected characteristic in employment decisions. As such, this release form is separate and apart from your employment application and will not be viewed by any Meridian manager considering you for employment.**

(Please print legibly)

Print Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip Code+4: _____

Former Address: _____

City: _____ State: _____ Zip Code +4: _____

Applicant Signature: _____ Today's Date: _____