



**Anderson Hospital  
Brittany Mersinger, RHIT  
618-391-6140**

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Alias/Maiden Name(s)** \_\_\_\_\_

**Will Employee's Salary Exceed \$75,000?**

No  Yes

**Social Security Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Race** \_\_\_\_\_

**Gender**

Male  Female

**Mailing Address (NO P.O. Boxes)** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

**Signature of Applicant** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**BACKGROUND SEARCHES**

**OIG** (Medicare/Medicaid Fraud & Abuse)  **GSA** (Federal Procurement Fraud)  **\*\*FCSR**

**SSN Plus** (Address & Alias Name are included)  **Address Verification**  **Alias Name Search**

**Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

**Wants & Warrants** (Nationwide - extraditable only)  **OFAC** (Specially Designated Nationals and Blocked Persons List)

**Child Abuse/Neglect**   IL\*\*  IA\*\*  IN\*\*  KS\*\*  MO\*  NE\*\*  TN **Adult Abuse/Neglect**   KS

**\*MO Mental Health Employee Disqualification Registry**  **MO EDL** (Employee Disqualification List)

**FEDERAL COURTS - Criminal** State 1: \_\_\_\_\_ 2: \_\_\_\_\_ **SEX OFFENDER**  Nationwide or  State 1: \_\_\_\_\_

**DRIVING RECORD** State \_\_\_\_\_ DL# \_\_\_\_\_

**PROFESSIONAL LICENSE**  National or  State \_\_\_\_\_

**Type:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**EDUCATION** School Name (include campus): \_\_\_\_\_

**City/State:** \_\_\_\_\_ / \_\_\_\_\_ **Major:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_ / \_\_\_\_

**Degree Type:** \_\_\_\_\_ (BSN, B.A., etc.) **Name While Attending:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**CHARACTER REFERENCE**  PERSONAL  PROFESSIONAL: Name \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_

**EMPLOYMENT** Company: \_\_\_\_\_ City/State: \_\_\_\_\_ / \_\_\_\_

**Phone:** \_\_\_\_ / \_\_\_\_ - \_\_\_\_ **Manager:** \_\_\_\_\_ **Start Date:** \_\_\_\_ / \_\_\_\_ **End Date:** \_\_\_\_ / \_\_\_\_

**Title:** \_\_\_\_\_ **Starting Wage:** \$ \_\_\_\_\_ **Ending Wage:** \$ \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

**States with county by county access only: CA, LA, MA, WV and WY**

**County 1:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County 2:** \_\_\_\_\_ **State:** \_\_\_\_\_ **County 3:** \_\_\_\_\_ **State:** \_\_\_\_\_

**STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State**

- |  |                               |                              |                              |                              |                               |                             |                              |                              |                              |
|--|-------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> AL*           | <input type="checkbox"/> AK*  | <input type="checkbox"/> AZ  | <input type="checkbox"/> AR* | <input type="checkbox"/> CO  | <input type="checkbox"/> CT*  | <input type="checkbox"/> DE | <input type="checkbox"/> DC* | <input type="checkbox"/> FL  | <input type="checkbox"/> GA* |
| <input type="checkbox"/> HI            | <input type="checkbox"/> ID** | <input type="checkbox"/> IN  | <input type="checkbox"/> IA* | <input type="checkbox"/> KS  | <input type="checkbox"/> KY   | <input type="checkbox"/> ME | <input type="checkbox"/> MD  | <input type="checkbox"/> MI  | <input type="checkbox"/> MN  |
| <input checked="" type="checkbox"/> MO | <input type="checkbox"/> MS*  | <input type="checkbox"/> MT  | <input type="checkbox"/> NE  | <input type="checkbox"/> NV* | <input type="checkbox"/> NH** | <input type="checkbox"/> NJ | <input type="checkbox"/> NM* | <input type="checkbox"/> NY* | <input type="checkbox"/> NC* |
| <input type="checkbox"/> ND            | <input type="checkbox"/> OH*  | <input type="checkbox"/> OK  | <input type="checkbox"/> OR* | <input type="checkbox"/> PA  | <input type="checkbox"/> RI*  | <input type="checkbox"/> SC | <input type="checkbox"/> SD  | <input type="checkbox"/> TN  | <input type="checkbox"/> TX  |
| <input type="checkbox"/> UT*           | <input type="checkbox"/> VA*  | <input type="checkbox"/> VT* | <input type="checkbox"/> WA  | <input type="checkbox"/> WI  |                               |                             |                              |                              |                              |

Note: Nevada & Ohio are **Felony** Only

Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

International Criminal \_\_\_\_\_

MO-includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)

**\*Required Form(s) & \*\*Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669**