AUTHORIZATION FORM – *backgroundcheckadvantage.com* 3/23/22

Background Check ADVANTAGE 25 YEARS 1997-2022

Anderson Healthcare
6800State Route 162
Maryville, IL 62062

First Name	Middle Name	Last Name

Alias/Maiden Name(s)	Will 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.

☐ I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at my designated email address. (Please mark this box if you agree)

EMAIL: _____ PHONE NUMBER: ( ) _____

_____ **DATE:** _____ /_____ /_____
Signature of Applicant

BACKGROUND SEARCHES

☐ **OIG** (Medicare/Medicaid Fraud & Abuse) ☐ **GSA** (Federal Procurement Fraud) ☐ ****FCSR**
☐ **SSN Trace** (Address & Alias Name are included) ☐ **FDA Debarment List** ☐ Medicare Opt Out - CMS

☐ **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**** ☐ **KS**** ☐ **TN** **Adult Abuse/Neglect** – ☐ **KS**
☐ **MO Workers Comp** (Specific Notarized form Required)**
☐ ***MO Mental Health Employee Disqualification Registry** ☐ **MO EDL** (Employee Disqualification List)

SEX OFFENDER ☐ **Nationwide or** ☐ **State** **FEDERAL COURTS Criminal** (past 7 years) ☐ **Nationwide or** ☐ **State**

☐ **DRIVING RECORD State** _____ **DL#** _____
☐ **PROFESSIONAL LICENSE**

☐ **EDUCATION** **School Name** (include campus): _____
☐ **CHARACTER REFERENCE** ☐ **PERSONAL** ☐ **PROFESSIONAL: Name** _____ **Phone:** _____ /_____-_____
☐ **EMPLOYMENT Company:** _____ **City/State:** _____ /_____

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED
States with county by county access only: CA, LA, MA, NV, 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

☐ AL*	☐ AK*	☐ AZ	☐ AR*	☐ CO	☐ CT	☐ DE	☐ DC*	☐ FL	☐ GA*
☐ HI	☐ ID**	☐ IN	☐ IA*	☐ KS	☐ KY	☐ ME	☐ MD	☐ MI	☐ MN
☐ MO	☐ MS*	☐ MT	☐ NE	☐ NH	☐ NJ	☐ NM*	☐ NY	☐ NC*	☐ ND
☐ OH*	☐ OK	☐ OR*	☐ PA	☐ RI*	☐ SC	☐ SD	☐ TN	☐ TX	☐ UT*
☐ VA*	☐ VT*	☐ WA	☐ WI	☐ U.S. Virgin Islands					

Note: Ohio and PA are **Felony** Only

☐ Illinois Statewide Criminal-compliant with IL Healthcare Worker Background Check Act *(IL Police Full-State Repository Criminal Name Only)*
☐ International Criminal _____
FYI: MO-includes MO Sex Offender results at no additional cost *(MO State Highway Patrol Full-State Repository Criminal search)*

***Requires Form(s) & **Requires SPECIAL Form(s)**