

# STUDENT - Criminal Records Check Consent/Authorization



In order to serve the best interest of the patients of Samaritan Health Services (SHS), we deem it necessary to conduct criminal record checks on all applicant finalists. The following request for information must be completed by you, the applicant, and returned to Human Resources prior to any offer of employment. Your signature on this form authorizes SHS to obtain information from any law enforcement agency, court and/or record source, or consumer reporting agency, and investigate any matter relevant to the evaluation of your suitability for employment with SHS. This form will be kept separate from your application until the final evaluation process for a job offer is conducted by Human Resources.

**Any falsification, misinterpretation, or omission of required information will result in denial of employment or immediate termination, regardless of when and how discovered.** Disclosure of a criminal history/ conviction does not necessarily disqualify an applicant from employment.

This consent form does not apply to criminal records expunged (obliterated) pursuant to ORS 419.262. Information obtained by a criminal records check will be used for job-related purposes only, to the extent permitted by the applicable law. Criminal background checks conducted using consumer reporting agencies are governed by the federal Fair Credit Reporting Act—please read the attached “Summary of Your Rights Under the Fair Credit Reporting Act” and keep it for your reference.

<b>Full Name</b> (include <b>ALL</b> names used, past and present, including <b>middle name &amp;</b> maiden/former surnames)
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Date of Birth	Social Security Number - -	Driver's License Number and State
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Full Address (Street, City, State, Zip Code)
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List states, outside of the state of Oregon, where you have lived in the past 10 years
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Have you ever been convicted of a felony or misdemeanor? <b>Y / N</b> if yes, list <u>charge(s)/state(s)</u> in which charged.
<i>Use back of form for additional explanation if necessary</i>

I have read and understand this request for information and the attached Summary of Rights under the Fair Credit Reporting Act and agree to hold Samaritan Health Services, its officers, agents, and employees harmless from any liability resulting from the use of the information requested.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For  Employment with SHS     Volunteer Service with SHS    Program/Entity \_\_\_\_\_

CIS Check Date
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By
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(For HR use)
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Record Found:     Yes     No

Approved for Hire:     Yes     No    Recruiter: \_\_\_\_\_ Entity: \_\_\_\_\_

Return to Skip Panter, SHS Office of Medical Education, 3600 NW Samaritan Dr., Corvallis, OR 97330  
For Criminal Background Check fee payments please make checks payable to SHS (Samaritan Health Services)



# Student Criminal Records Check Request

## STUDENT INFORMATION

**Student Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

## To be completed by Professional Development

**Student/Internship Type:** \_\_\_\_\_

**ID Verified**  
**(List ID Type and Number):** \_\_\_\_\_

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Please attach a copy of the completed Criminal Records Check Consent Form.

To:	SAGH Human Resources	Date:	_____	Time:	_____
Fax:	<b>82-4610</b>				
From:	SHS Manager of Student Services, Office of Medical Education				
Fax:	80-4907				

### Return Correspondence

To:	SHS Manager of Student Services, Office of Medical Education				
Fax:	80-4907				
From:	SAGH Human Resources	Date:	_____	Time:	_____

**Comments:**

#### CONFIDENTIALITY NOTICE:

*This facsimile transmission may contain confidential and privileged information. The information contained in this transmission is intended for the addressee only. If you are not the addressee of this facsimile, please do not review, disclose, copy, or distribute it. If you have received this transmission by mistake, please telephone SAGH Human Resources immediately: ph. 541-812-4107. Thank you.*