

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.

Full Name (include ALL names used, past and present, including middle name & maiden/former surnames)

Date of Birth	Social Security Number - -	Driver’s License Number and State
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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? Y / N 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

By

(For HR use)

Record Found: Yes No

Approved for Hire: Yes No

Recruiter: _____ Entity: _____