

Wood County Hospital

DISCLOSURE FORM

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends or associates.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

Print Full Name: _____

Print Former Name (if applicable): _____

Social Security Number: ____ / ____ / ____ **D.O.B. **** _____

Current Address: _____

City / State / Zip: _____

Drivers License Number: _____

Applicant's Signature: _____

** Date of Birth is being requested in order to obtain accurate retrieval of records.