



Mayo Clinic Health System - Franciscan Healthcare
Pre-Employment Background Screening

Please print/type your name exactly as it appears on your social security card. This data is used to process the background checks required by Mayo Clinic Health Systems.

Name: \_\_\_\_\_
First Middle Last

(And any other names used within the last 7 years)

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cities/Sates/Countries/Canadian Provinces of Residence for the past seven years (include additional residences on reverse side)

- 1. \_\_\_\_\_ Date: \_\_\_\_\_
(City/State) (County/Province) (Month DD, YYYY)
2. \_\_\_\_\_ Date: \_\_\_\_\_
(City/State) (County/Province) (Month DD, YYYY)
3. \_\_\_\_\_ Date: \_\_\_\_\_
(City/State) (County/Province) (Month DD, YYYY)
4. \_\_\_\_\_ Date: \_\_\_\_\_
(City/State) (County/Province) (Month DD, YYYY)

Highest Level of Education

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
(Name of Institution) and (Name of Campus - if applicable) (City & State) (Type of Degree)

\_\_\_\_\_, \_\_\_\_\_
(Dates of Attendance: From: Month, YYYY To: Month, YYYY) (Year Graduate)

I understand that in processing my application with Mayo Clinic Health System La Crosse, an investigation may be made in which information is obtained through personal interviews, and a review of information help by law enforcement or other government agencies. If applicable, I authorize you to verify my criminal records. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless Mayo Clinic Health System La Crosse and its agent VERIFIED CREDENTIALS, INC. from any liability.

I agree that any decision to hire me is contingent upon the results of my report.

I understand that a photocopy of this authorization would be accepted with the same authority as the original. This release will expire one year after the date of origination.

If I am a final candidate and my background check is run, I would like a copy of the results. \_\_\_ Yes \_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_