

## AUTHORIZATION FOR RELEASE OF INFORMATION

By execution of this document, I acknowledge that I have been informed by Access Nursing Services, Inc. that a criminal history check will be performed on my name. I have informed this agency of all name(s) (i.e. maiden, aliases) that I have used in the past. I understand that I have been employed on an emergency basis due to patient care needs, and that my employment and/or training are temporary pending the results of the criminal history check.

I have not been convicted of the following crimes:

- An offense under Section 125, Penal Law (murder)
- An offense under Section 135, Penal Law (kidnapping and false imprisonment)
- An offense under Section 130, Penal Law (indecent with a child)
- An offense under Section 135, Penal Law (agreement to abduct from custody)
- An offense under Section 130, Article 263 Penal Law (solicitation of a child)
- An offense under Section 260, Penal Law (endangerment of a child)
- An offense under Section 150, Penal Law (arson)
- An offense under Section 160, Penal Law (robbery)
- An offense under Section 120, Penal Law (assault)
- An offense under Section 220 and 221, Penal Law (sale, purchase or possession of controlled substances)

I also authorize Access Nursing Services, Inc., to conduct the following verifications

- Social Security number verification
- Employment verification
- Substance abuse testing

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses may also bar my employment or training.

I understand that all information obtained by this agency regarding my criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Date \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF INFORMATION

As part of my conditions of employment with Access Nursing Services, Inc., I authorize Access Nursing Services, Inc. or it's agents to conduct the following verifications:

- Criminal Check
- Pre-employment credit report
- Social Security number verification
- Education verification
- Employment verification
- Fingerprinting verification

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_

Date \_\_\_\_\_