

**INQUIRY RELEASE**

In connection with, and for the duration of my employment, engagement, contract, affiliation, or other relationship, if any, with the entity named below, I understand that investigative background inquiries are to be made on me, from time to time, including consumer, criminal, civil, driving, education, work experience, Office of Inspector General, and other inquiries. The resulting reports will include information as to my character, work habits, performance and experience, along with reasons for termination of my past employment, contractual relationships or other affiliations. Further, I understand that such inquiries will include requests for information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information without limitation.

Print Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

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

Name of Entity Mercy Hospital, Valley City

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

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Axciom at the address listed above.