



Please return completed form to:
 Kori Tipton
 133 S 500 E
 Vernal, UT 84078
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 ktipton@tricountyhealth.com



FULL NAME: _____ DATE of Birth: _____

JOB TITLE: _____ EMAIL: _____

ADDRESS: _____ PHONE: _____
 CITY, ZIP: _____ ALT. PHONE: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

PROFESSIONAL INFORMATION; CHECK ALL THAT APPLY:

- WORK: FULL TIME PART TIME RETIRED OTHER
- PHYSICIAN SPECIALTY: _____ BOARD CERTIFIED? Y / N
- NURSE: LPN RN NURSE PRACTITIONER SPECIALTY: _____
- PHYSICIAN ASSISTANT NURSE ASSISTANT MEDICAL ASSISTANT
- EMT PARAMEDIC PHARMACIST SOCIAL WORKER
- MENTAL HEALTH PRACTITIONER PSYCHOLOGIST OTHER _____
- DENTIST VETERINARIAN HEALTH EDUCATOR HEALTH TECH: TYPE _____
- ENVIRONMENTAL HEALTH SPECIALIST PUBLIC RELATIONS MEDIA/COMMUNICATIONS
- CLERGY: DENOMINATION _____
- FAITH-BASED RECRUIT (MARK HERE IF YOU RECEIVED THIS FROM YOUR CHURCH)
- OTHER _____

LICENSE NUMBER & DISCIPLINE _____

HAVE YOU EVER HAD YOUR LICENSE REVOKED? Y/N IF YES, PLEASE EXPLAIN _____

SPECIALTY INFORMATION _____

BOARD OR OTHER CERTIFICATIONS _____

SPECIALTY SKILLS RELATING TO EMERGENCIES _____

CPR CERTIFIED Y / N AED CERTIFIED Y / N FIRST AID CERTIFIED Y / N

WHICH APPLY TO YOU

RESPONSE TIME:

- ABLE TO RESPOND IMMEDIATELY ABLE TO RESPOND IN 24 HOURS ABLE TO RESPOND IN 48 HOURS

ESTIMATED TIME AVAILABLE

- 1-3 DAYS 3 DAYS TO 1 WEEK 1-2 WEEKS

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the company may rely on this authorization to order additional background reports, including investigative consumer reports. (1) during my time as a volunteer and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law. Including but not limited to: my past or present employers; learning institutions; including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes but is not limited to, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment /education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the company ordered an investigative consumer report from ADP Screening and Selective Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you clarify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name

Last name _____ First _____ Middle _____

Signature

Date (Month/Day/Year)

Subscribed and sworn before me:

SSN

Notary Public Signature

Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing

My Commission Expires

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK