

# Medical Management *Plus*, LLC

## Background Inquiry Release

I understand that a background inquiry is to be done on myself which will include, but is not limited to, consumer credit history, criminal history, driving history, education, and other reports. These reports may include information as to my character, work habits, job performance, and experience along with reasons for termination of past employment. I also understand that information will be requested from various Federal, State, and other agencies, which may contain records concerning my past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences.

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

I hereby consent to your obtaining the above information, which will be done yearly. In order to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

**\*\*\*\*\* PLEASE FILL OUT THIS FORM COMPLETELY\*\*\*\*\***

Have you ever been convicted of a crime? Yes  No  If yes, in what state? \_\_\_\_\_ year \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Surname

List all other first and last names ever used: \_\_\_\_\_

(please write N/A if no other names have been used)

S.S.#: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ How long at this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_ How long at this address: \_\_\_\_\_

\*If you have lived at more than two addresses in the last 7 years, please list additional on back.\*

Last School/College Attended: \_\_\_\_\_ State: \_\_\_\_\_

Last Year Attended \_\_\_\_\_ Graduated? \_\_\_\_\_

If you graduated, indicate

Certificate  GED  Diploma  Degree (Level/Major \_\_\_\_\_)

Registered and/or graduated under what name? \_\_\_\_\_

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

<b>For EMPLOYER Use Only:</b> Authorized by _____ Phone _____ Criminal(indicate states) _____ Driver History _____ Employment _____ (#) Education (#) _____ Social Security _____ Professional License _____ Sex Offender Registry _____ Incarceration _____ Student Conduct _____ Other _____
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