

BACKGROUND CONSENT

Notification

All HCC Network Interns/Clinical Students/Shadowing Students are subject to a series of appropriate criminal background checks as a condition of Internship/Clinical Rotation/Shadowing to be updated at least annually. These checks include the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided; and searches for exclusion records from receiving federal contracts, certain subcontracts, and from certain types of federal financial and non-financial assistance and benefits.

Authorization

I hereby authorize HCC Network to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist HCC Network in collecting this information.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to my scheduled Internship/Clinical Rotation/Shadowing experience at HCC Network. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties asked of me in a manner which is safe for HCC Network patients, employees, and other community members.

Position(s): _____

Please Print (for identification purposes): _____
First Middle Last

Other names you have used in the past seven years: _____

Current Address: _____

Previous Address (most recent): _____



Addresses in the 7 years prior to completing this authorization: _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Gender: Female _____ Male _____
Month/Day/Year

Social Security Number: _____ Driver's License # _____

State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes _____ (provide details on next page) No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this internship/clinical rotation/shadowing experience at HCC Network and/or may serve as grounds for dismissal with HCC Network. By signing below, I hereby provide my authorization to HCC Network to conduct yearly criminal background checks and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act. In addition to those rights, I understand that I have a right to appeal an adverse decision made by HCC Network based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from HCC Network's receipt of such appeal.

Signature

Date



