



Northwest Clinical Registry Criminal Records Check Consent / Authorization

In order to serve the best interest of the patients of the hospitals and long-term facilities we serve, we deem it necessary to conduct criminal records checks on all applicant finalists. The following request for information must be completed by you, the applicant, and returned to Northwest Clinical Registry prior to any registry assignments. Your signature on this form authorizes Northwest Clinical Registry to obtain information from any law enforcement agency, court and/or record source, or consumer reporting agency, and investigate any matter relevant to the evaluation of your suitability for employment with Northwest Clinical Registry.

Any falsification, misinterpretations, or omission of required information will result in denial of employment or immediate termination, regardless of when and how discovered. Disclosure of a criminal history / conviction does not necessarily disqualify an application from employment.

This consent form does not apply to criminal records expunged (obliterated) pursuant to ORS 419.262. Information obtained by a criminal records check will be used for job-related purposes only, to the extent permitted by the applicable law. Criminal background checks conducted using consumer reporting agencies are governed by the federal Fair Credit Reporting Act – please read attached “Summary of Your Rights Under the Fair Credit Reporting Act” and keep it for your reference.

Full name (include **ALL** names used, past and present, including middle name and maiden/former surnames)

Date of Birth

Social Security Number

Driver's License Number and State

Address

List states/counties outside of Oregon where you have lived in the past 5 years

Have you ever been convicted of a felony or misdemeanor? **Y / N** if yes, list charge(s)/state(s) in which charged.

I have read and understand this request for information and the attached Summary of Rights under the Fair Credit Reporting Act and agree to hold Northwest Clinical Registry, its officers, agents, and employees harmless from any liability resulting from the use of the information requested.

Applicant's Signature _____ Date _____

CIS Check Date

By

Record found: Yes No