

Date – from: _____ to _____

Address: _____

City, State, Zip: _____

County: _____

Have you ever been convicted of, participated in a pre-trial diversion program with respect to, or are there any pending charges against you involving a criminal offense?

Yes No If yes, clarify:

Acknowledgment and Authorization

I acknowledge receipt of this BACKGROUND INVESTIGATION AUTHORIZATION, as set forth above, and certify that I have read and understand these disclosures. If I was previous on a short term or temporary assignment with HealthLinkRX, I authorize HealthLinkRX or its representative to obtain a "consumer report" or "investigative consumer report" as defined under applicable state law or other background information used in connection with HealthLinkRx consideration of me for employment, promotion, position reassignment or contract. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. To the maximum extent permitted by law, this authorization is valid for any consumer report or investigative consumer report requested or obtained at any time during the tenure of my employment or during the contractual relationship. This release is valid for all federal, state, county and local agencies and authorities. I understand I have the right to make a written request within a reasonable period of time (not to exceed 30 days) after receipt of this notice for complete and accurate disclosure of information concerning the nature and scope of the investigation.

I certify all my answers on this Authorization are true and complete. I understand that the falsification, omission or misrepresentation of fact on this Authorization (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered.

The information I have given is true and accurate to the best of my knowledge. I hereby authorize HealthLinkRx to release the results of this Background Check to Client facilities of HealthLinkRx in relation to consideration of my employment with those facilities.

Applicant's Signature

Print Name

