

AUTHORIZATION TO OBTAIN INFORMATION AND GENERAL RELEASE

In Connection With Application for Provider Network Participation

I acknowledge that consideration for acceptance in the Provider Network with Community Mental Health for Central Michigan, henceforth the Agency, is contingent upon the results of a reference and background check. Therefore, I authorize the Agency to investigate the truthfulness of all statements made in connection with my Application. Furthermore, I authorize the Agency to contact my employer(s), listed references, educational institutions, and any law enforcement agency or other person who can verify the information contained within the application.

Discrimination based on age is prohibited by the Federal Age Discrimination In Employment Act of 1967 and also the state Elliot-Larsen Civil Rights Act. The information requested below is solely for the purpose of verifying the applicant's driving record and background check. A driver's license report is required and will be obtained for candidates applying for Provider Network membership with Community Mental Health for Central Michigan.

Accordingly, the Agency is authorized to:

1. Request and obtain my personnel files from my current and previous employer(s). I authorize release of all information contained in these personnel file(s), including disciplinary action. I also waive any right to receive notice of disclosure of the information.
2. Request and obtain verification and transcripts from any and all educational institutions listed on my Application. I authorize all educational institutions to release any of the information the Agency may require.
3. Request and obtain any information or records from any city, county, state or federal agency, department or bureau related to any conviction for a violation of law. I further authorize the Agency to request and obtain any information or records of any city, county, state or federal agency, department or bureau concerning a felony arrest and any information surrounding the disposition of the arrest, where criminal charges are pending. I further authorize the Agency to request and obtain a copy of my driving record.

I hereby authorize and request any city, county, state or federal agency, department or bureau to furnish the information requested to the Agency.

This authorization does not extend to a conviction under any applicable juvenile code or any records of a conviction where the record has been expunged pursuant to an applicable statute or court rule.

I hereby release all companies, firms, agencies, individuals and all of their employees, agents and attorneys from any liability whatsoever in connection with disclosure of any information obtained pursuant to this authorization in connection with seeking, obtaining and using the information obtained in their employment or placement selection process.

Last, First, MI: _____ Driver's License: _____ State: _____

Previous/Maiden Name: _____ Social Security #: _____

Address: _____ Date of Birth: _____

City/State/ZIP: _____ Today's Date: _____

Signature: _____