



**CONTRACT WORKER/VOLUNTEER/ALLIED HEALTH PROFESSIONAL
BACKGROUND INFORMATION SHEET**

For All Positions:

Name as it appears on Social Security card: _____

Social Security Number: _____

Date of Birth: _____

Mailing Address(CA Facilities) _____

For Positions Requiring a Professional License:

License Type: _____

License Number: _____

State Issued: _____

For Positions Requiring a Driver's License:

Driver's License Number: _____

State Issued: _____ Expiration Date: _____

For Positions Requiring a College Degree:

School Attended: _____

Location: _____

Degree Earned: _____ Date Earned: _____



CREDIT AND BACKGROUND CHECK

In connection with your employment or service within a Tenet HealthSystem facility, Tenet may conduct a detailed investigation of your credit history*, criminal history, employment history, educational history and background. As part of its investigation, Tenet may obtain consumer reports from consumer reporting agencies. Under the Fair Credit Reporting Act (FCRA), Tenet is required to obtain your written authorization prior to procuring such consumer reports. Please indicate your consent by signing below.

***NOTE: Credit history is only procured when the position applied for has fiduciary or cash handling responsibility or when the applicant will be issued a corporate credit card.**

I, _____, hereby authorize Tenet HealthSystem to conduct an investigation of my credit history, criminal history, employment history, educational history, and background, which may include, but may not be limited to, procuring consumer reports from consumer reporting agencies.

Signature: _____ Date: _____

For California Facilities: Please check the appropriate box below.

- I would like a copy of the report.
- I waive my right to receive a copy of the report.