



Background Investigation Auth Form

In connection with my employment or application for employment, I understand that background inquiries are requested by you, or on your behalf that seek information as to my criminal background record. I hereby authorize WorkFit Medical LLC to make all such inquiries. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public sources that maintain records concerning my past activities relating to my criminal conviction record.

I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment. This release is valid for all federal, state, county, and local agencies. I understand that I have the right to make a written request within a reasonable period of time for completed and accurate disclosure of information concerning the nature and scope of any investigation into my background.

PRINT NAME _____ TELEPHONE _____

SOC SEC NO _____ DATE OF BIRTH _____

GENDER Male Female COMPANY NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

LIST PREVIOUS ADDRESSES AND NAMES (MAIDEN AND/OR ALIASES) USED DURING THE PAST 7 YEARS:

NAME (If applicable)	ADDRESS	CITY, STATE, and ZIP	COUNTY

APPLICANT SIGNATURE

DATE

1160 Chili Avenue, Suite 200
Rochester, NY 14624
(585) 426-4990 Phone
(585) 426-4997 Fax

178 Washington Avenue
Batavia, NY 14020
(585) 343-0334 Phone
(585) 343-0336 Fax

1971 Western Avenue, Suite 4
Albany, NY 12203
(518) 452-2597 Phone
(518) 452-0769 Fax