BACKGROUND CHECK
AUTHORIZATION AND RELEASE FORM

**** THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE OR INACCURATE!!!****

I, _____, having applied for employment,
(PLEASE PRINT FULL LEGAL NAME)
do hereby authorize ALL FACTS, INC. to obtain any information regarding my motor vehicle report, including history of violations and status of Driver's License, education history and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to **MEDICAL MANAGEMENT ASSOCIATES/** _____. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Dr.Lic.# or ID#_____ State_____

Name as it appears on Driver's License_____

SSN#:_____ Place of Birth_____

Other Names used since 2018: 1)_____ Dates: From_____ To_____
(maiden name/aliases) month/year month/year
2)_____ Dates: From _____ To_____
month/year month/year

How many consecutive years have you lived in Georgia? _____

Please print addresses (including city/State/zip code/dates) for **PAST 7 YEARS**.
(If any additional space is needed, please use separate sheet.)

1._____ Dates: From_____ To _____
month/year month/year
2._____ Dates: From_____ To _____
month/year month/year
3._____ Dates: From _____To _____
month/year month/year
4._____ Dates: From _____To _____
month/year month/year
5._____ Dates: From _____To _____
month/year month/year

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The following is required for criminal record identification purposes only:

Date of Birth _____
Race _____
Gender _____

CONSENT FORM

I hereby authorize ALL FACTS, INC./ **MEDICAL MANAGEMENT ASSOCIATES/**_____ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

_____
Signature of Applicant Date