



A1 Healthcare Staffing
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Background Check Consent Form

I hereby authorize _____ to receive any criminal history on file pertaining to me from any federal, state or local criminal justice agency.

(Print Full Name)

(Signature) (Date)

(Street Address)

(City)

(State)

(Zip)

(Sex)

(Race)

(Date of Birth)

(Social Security Number)

**The above information is necessary to retrieve criminal history information.*