



BACKGROUND INFORMATION RELEASE FORM

I hereby authorize the Cleveland Clinic to contact any law enforcement agency and/or other governmental agency who may aid the Cleveland Clinic in determining suitability for employment. I release those individuals and or organizations contacted from all liability whatsoever for issuing the requested information. I am aware that the clearance process may include fingerprinting. I acknowledge that the Cleveland Clinic will conduct required searches of federal exclusionary lists to include the Office of Foreign Asset Control, General Services Administration, and Health and Human Services.

PLEASE READ CAREFULLY BEFORE SIGNING: Have you ever been convicted of, or pled guilty to, any felonies? **YES** **NO**

If you have answered yes, please explain:

I hereby provide the following information so that background checks may be initiated for verification. I am aware that issuance of a Cleveland Clinic ID Badge does not guarantee final placement as an employee.

Are you being considered for: FT/PT CC Employment PRN/Temp CC Employment
 Volunteer Student Vendor/Contractor

Employer/School: _____
Print Full Name: _____
Any Other Legally Known Name: _____
Employee Number (to be assigned by the ID Badge department): _____
Social Security Number: _____
Date of Birth: _____
Address: _____
City, State, Zip: _____
Prior Address: _____

Visa / Passport Number (if applicable): _____
Other Information:

Applicant's Signature: _____ **Date:** _____

Hospital Name: Marymount__ **CC Cost Center:** _____

Name of Cleveland Clinic Contact: Camille Camarato **Telephone#** 216-587-8131