

East Coast Applicant Screening

Phone: 631-225-1578 (800-240-6889)

Fax: 631-225-1580

AUTHORIZATION TO CONDUCT BACKGROUND INQUIRIES

The undersigned applicant hereby authorizes **East Moriches Community Ambulance & East Coast Applicant Screening** as its agent to conduct a background inquiry on him/herself. The undersigned application understands that these inquiries shall include informational data regarding his/her credit, criminal, motor vehicle, litigation, education, military and any other pertinent information as it may apply for the prospective job position.

The undersigned applicant hereby authorizes **East Moriches Community Ambulance & East Coast Applicant Screening** as its agent to contact any previous employer or personal reference to obtain information relating to this application for employment.

Further, if applicable, the application authorizes **East Moriches Community Ambulance & East Coast Applicant Screening** to take a sample of my urine to be tested for evidence of illegal drug abuse.

The Applicant hereby releases East Moriches Community Ambulance & East Coast Applicant Screening as its agent from any and all liability relating to such inquiries.

Please provide the prospective job position: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ Other Names Used: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SS#: _____

STATE OF DRIVER'S LICENSE _____ LICENSE# _____

[FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW]

<input checked="" type="checkbox"/> Criminal - State: <u>NY</u>	<input type="checkbox"/> Employment Verification (# _____)
<input type="checkbox"/> Credit	<input type="checkbox"/> Education Verification
<input checked="" type="checkbox"/> DMV License	<input type="checkbox"/> Behavioral Survey
<input checked="" type="checkbox"/> Social Security Trace	<input checked="" type="checkbox"/> Sex Offender Database
<input checked="" type="checkbox"/> Drug Test	<input checked="" type="checkbox"/> Patriot Search