



Specializing In Temporary & Permanent Placement

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Dental Medical Staffing, Inc and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and correction agencies. Please complete all information below. Please print:

Full Legal Name: _____ Male _____ Female _____

Current Address: _____

Other Names Used: _____

(Maiden, alias', legal name change, etc.)

DOB: _____ DL#: _____ State: _____

Previous Addresses in past 7 years: _____

Applicants signature: I have reviewed and completed this form as applicable to me. I give Dental Medical Staffing, Inc permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate. My signature below authorizes release of such information for employment purposes only. Dental Medical Staffing, Inc is an equal opportunity employer and will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation or any other legally protected status.

Signature of applicant: _____

Date: _____