

AUTHORIZATION FOR ONLINE TBI RECORD CHECK

NAME

(Last, First, Middle) _____

OTHER NAMES USED _____

ADDRESS(including zip code) _____

SEX _____ RACE _____

DATE OF BIRTH _____ SS# _____

I understand and agree that prior to employment a criminal history record check will be obtained from TBI. Serene Manor Medical Center will initially pay for this report. I understand and agree that if hired the total cost of \$29 for this report will be deducted from my first paycheck.

I understand and agree that receipt of this record check does not guarantee employment.

I understand and agree that if there is a dispute on any findings on this record check, I am responsible for pursuing this through TBI TORIS Unit, and fees for this information will be my responsibility.

My signature below confirms permission for this record check to be obtained, and permission for payroll deduction.

Applicant

Date