

CAROLINA ORTHOPEDICS & SPORTS MEDICINE

Waiver and General Release REQUEST FORM

_____/_____/_____
 FULL NAME (LAST) (FIRST) (MI) MAIDEN/OTHER DATE CHANGED

 OTHER NAMES USED IN THE LAST 10 YEARS DATES USED

 SEX RACE SOCIAL SECURITY NUMBER

_____/_____/_____
 DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE

List all of your places of residence for the past ten (10) years, beginning with your current address

STREET	CITY	COUNTY	STATE	ZIP	FROM-TO

Carolina Orthopedics & Sports Medicine is an equal opportunity employer. Applicants are considered and hired without regard to race, sex, age, color, religion, national origin, citizenship status, political affiliation or disability.

I hereby expressly authorize Carolina Orthopedics & Sports Medicine, its agents and employees to make any investigation of my personal or employment history, expressly including but not limited to, Federal and or State criminal, law enforcement or traffic records and periodic record checks after I am hired. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or government agency to give any personal information they may have regarding me. In consideration of the review of my employment application by Carolina Orthopedics & Sports Medicine and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

I certify that all information provided on this application supplement is accurate and complete. I agree that if any information or answers to questions change either before or after employment, I will notify Human Resources in writing immediately. I acknowledge that failure to provide accurate and complete information on this application supplement or failure to update this supplement with accurate and complete information in the future shall be grounds for disqualification for employment or immediate dismissal.

 Signature

 Date

- | | |
|--|--|
| <input type="checkbox"/> Federal Courts Search | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> Other Statewide Criminal Search _____ | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> North Carolina Statewide Search | <input type="checkbox"/> Motor Vehicle Records |
| <input type="checkbox"/> Credit Report (Employment) | <input type="checkbox"/> SSN Validation (Provides Known Address) |
| <input type="checkbox"/> OIG Search | <input type="checkbox"/> FDA Debarment / Excluded Parties List |
| <input type="checkbox"/> Drug Test | |