



**Have you ever been convicted of, pled guilty to, or otherwise entered into a plea agreement to a misdemeanor or felony?** (Includes but not limited to worthless checks, DUI, driving while license is revoked or suspended.) **If yes, explain:**

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I hereby authorize *The McDowell Hospital* to make an Independent investigation of my background by obtaining a Consumer Report relating to me from a Consumer Reporting Agency of *The McDowell Hospital's* choice. I understand that this report may include, but not limited to, a criminal record check, verification of higher education, driver's license check, and information bearing on my character. I understand and agree that the information contained in any Consumer Report will be used to determine my eligibility for clinical. Action may be taken by *The McDowell Hospital* based on the information. To assist *The McDowell Hospital* in obtaining a Consumer Report, the following information is provided:

\_\_\_\_\_  
**Full Name (Printed)**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**