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Background Check Consent Form

I hereby authorize Nurse Link Staffing Inc. to receive any criminal history on file pertaining to me from any federal, state or local criminal justice agency.

*(Print Full Name)

(Alias/Maiden/Other Names Used)

*(Signature)

(Date)

(Street Address)

(City)

(State)

(Zip)

*(Sex)

*(Race)

*(Date of Birth)

*(Social Security Number)

* The above information is necessary to retrieve criminal history information.