



Background Check

Indiana University Health Bedford Hospital

I hereby authorize Indiana University Health Bedford Hospital, Alliant Diagnostics, and their designated agents and representatives to conduct a review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes and for future preparation of a consumer report or investigative consumer report for purposes of retention, promotion or reassignment unless revoked in writing.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; vehicle records to include traffic citations and registration; workers compensation for employment; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. I further authorize any individual, company, firm, corporation, or public agency (including the social security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Alliant diagnostics or its agents, I further authorize the complete release of any records or data pertaining to me which the individual, company, form, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Indiana University Health Bedford Hospital, Alliant diagnostics, the social security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from liability to the extent permitted by law for damages of whatever kind, which may, at any time, result to me, my heirs family, or associates because of compliance with this authorization and request to release. If an investigative consumer report is conduct I understand that I have the right to request additional information about the nature of the report and a copy of the report by calling Alliant diagnostics.

Notice to California, Minnesota And Oklahoma Applicants:

Under California, Minnesota, and Oklahoma law, the consumer reports we order on you is defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics, and mode of living. Under California, Minnesota, and Oklahoma civil code, you may view the file maintained on you by Alliant diagnostics during normal business hours, you may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Alliant Diagnostics in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I want to receive a free copy of any investigative consumer report requested on me by checking this box:

By checking this box, I indicate that I wish to receive further disclosure about the nature and scope of any company request for an investigative consumer report.



Bedford Hospital

IU Health Bedford Hospital
2900 W. 16th Street
Bedford, Indiana 47421
812-275-1200
www.iuhealth.org/bedford

REQUIRED INFORMATION

First Name: _____ MI: ___ Last Name: _____

Date of Birth: _____ SSN: _____ DL#: _____ DL State: _____

Current Address: _____ Years at This Address: _____

City: _____ State: _____ ZIP: _____

Other Name(s) Known By: _____

Previous Addresses

Address	City	State	Zip	Years at This Address

I have read, I understand and agree to each of the disclosures, authorizations, directions, and indemnifications.

Applicant Signature

Date