



Hawaii Pacific Health

Background Request Form

Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

Middle Name

Last Name

Previous Legal Name

Year Changed

Street Address

City

State

ZIP

Social Security Number

Date of Birth (month-day-year)

Driver's License Number

State

Previous Addresses...Most Recent First

City

State

ZIP

City

State

ZIP

City

State

ZIP

City

State

ZIP

Client Name (Requester)

Account #

Location

Voice Telephone Number

FAX Telephone Number

SSN->

Felony->

NCRF->

I have read, understood and agree to the following: The background information that I supply in connection with my employment application will be verified by Hawaii Pacific Health; ChoicePoint Services Inc.; and mutual associations to insure that the information that I provide is accurate in every way. The information to be verified includes any and all information supplied on any application form or resume, and information provided in any conversation or interview with any employee of Hawaii Pacific Health. This may include discussions with references (personal or business) that I provide. I authorize Hawaii Pacific Health and its agents to conduct a thorough inquiry into all areas deemed necessary to arrive at a hiring decision: all employment, educational, driving, credit reports and criminal public record information relating to my application may be examined. I specifically release former employers, criminal information repositories and courts, schools, law enforcement agencies, local, personal and professional references and credit bureaus from any liability so that they may freely and completely respond to any inquiry relating to my application for employment with Hawaii Pacific Health.

Signed _____ Date _____

FOR VOLUNTEER OFFICE USE:

Date Submitted: _____

KMCWC

KMCPM

Straub

RMH

HT

MOD