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BACKGROUND CHECK AUTHORIZATION

NOTE: The following information is needed to verify information on your Employment Application and credentials. PLEASE PRINT CLEARLY. Middle Name Last Name First Name Please list all aka's including Maiden Names Date of Birth Street Address City State Zip Code Last School Graduated From: _____ Campus:_____ Drivers, CRAs, Maintenance, and Rehabilitation Technicians ONLY: Only Employees who may operate company-owned vehicles, please complete the requested License information: Driver's License Number State of License **Expiration Date Licensed or Certified Employees:** Type of Professional or Occupational License or Certification: _____ License or Certification Number: ______ I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. I give my consent to Matheny Medical and Educational Center to verify the current status of my professional or occupational license or certification (i.e. license number, license status, expiration date, pending or final actions or disciplinary history). If hired or employed, this authorization shall remain in effect to obtain information pertaining to my professional or occupational license or certification at any time during my employment.

Social Security Number

Date

Signature