

## **Authorization for Investigation and Release of Information for Purposes of Obtaining Employment**

I authorize **Rush University Medical Center (Rush)** and its authorized agents to determine my qualifications for employment at Rush. I release Rush and its authorized agents from any liability for making inquiry into my qualifications for employment. I may be asked to execute other forms of authorization to obtain this information and understand that my cooperation is a condition for continued consideration for employment.

I authorize all persons and entities including but not limited to current and former employers, educational institutions and governmental agencies to release the information requested by Rush and its authorized agents for the purpose of considering my qualifications for employment and I release these persons and entities from any liability for disclosures they make in good faith.

The information that I authorize to be released to Rush and its authorized agents include:

1. Information from current and prior employers whether contained in written records or not, including opinions concerning my position, duties, compensation, performance, attendance, attitude, ability to work with others, behavior, discipline and reason for termination. You may be requested to authorize release of your employment file from a current or prior employer directly to Rush.
2. Educational records, including courses, grades and confirmation of matriculation.
3. Professional licensure including dates awarded, disciplinary actions, suspensions and revocations.
4. Driving record, including motor vehicle record.
5. Civil, criminal and federal records, including convictions, sanctions, lawsuits and judgements. Convictions will not result in automatic disqualification from employment. Information that cannot be lawfully considered will not be used to determine eligibility for hire.
6. Credit records.
7. Any other information relating to my qualification for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Sought: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_