



## General Release Form

In connection with my application for employment (including contract for service) with you. I understand that investigative inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work, habits, performance and experience along with reasons for termination of past employment from previous employees. Further, I understand that you will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from \_\_\_\_\_ and/or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following personal identifiers, as well as other information, is necessary.

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Current Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Code+4 \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer:	United Community Health Center 81 West Esperanza Blvd., Suite 201 Green Valley, Arizona 85614 Phone: 520-625-4401 Fax: 520-625-8504
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