

Consent to Obtain Criminal Background Check

Applicant Information: _____ / _____
Last Name First Name Middle Name All Other Names Used

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State Zip Code

If this check is conducted for employment purposes furnish:

Daytime phone #: () _____ Job title / position: _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE (AND THE FBI, IF APPLICABLE) TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

OrthoArkansas, P.A.
Human Resources
800 Fair Park
Little Rock, AR 72204

Applicant's Signature: _____ Date: _____
(First/MI/Last name) (Month/Day/Year)