

**BACKGROUND INFORMATION RELEASE FORM**

I hereby authorize the Cleveland Clinic Foundation to contact any schools, former places of employment, credit organizations, law enforcement agencies, and or persons who may aid the Foundation in determining suitability for employment. I release those individuals and or organizations contacted from all liability whatsoever for issuing the requested information. I am aware that the clearance process will include fingerprinting.

**PLEASE READ CAREFULLY BEFORE SIGNING:** Have you ever been convicted of or pled guilty to any criminal offense (other than minor traffic offenses)? (A yes answer will not automatically disqualify you from consideration.)      **YES**       **NO**

If you have answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby provide the following information so that background checks may be initiated for verification. I am aware that issuance of a Cleveland Clinic Foundation ID Badge does not guarantee final placement as an employee.

Are you being considered for: (check one)      **Student**       **Teacher/Coordinator**

\_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/ST/Zip:** \_\_\_\_\_

**Employee Number** (to be assigned by the ID Badge department): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Supervisor/Contact Name:** Nedra Starling

**Supervisor Department:** Office of Civic Education Initiatives

**Supervisor/Contact Phone:** 216.297.8304      **Pager:** 24933

**Applicant's Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

\_\_\_\_\_

**Distribution:**      Original -      HR or Employing Office  
                         Copy to -      Protective Services Fingerprint Office  
                         Copy to -      Cleveland Clinic ID Badge