



# CertifiedBackground.com

## Certified Background Release

Account Manager: Mario Rodriguez

**PACKAGE CODE: IR79**

**"VHCC/VATNP"**

The information contained in my application for employment, clinical, or volunteer work with "Virginia Highlands Community College (VHCC) and the Virginia Appalachian Tricollege Nursing Program (VATNP)" (Hereinafter, "The Organization") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Organization may cause me to be rejected as a clinical participant in this program. I understand and agree that all information furnished in my background check order and all attachments may be verified by The Organization or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Organization all information relative to such verification and hereby release such individuals, organizations, and The Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Organization that The Organization may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Organization in making certain employment and volunteer selection decisions. I further acknowledge notification by The Organization that reports may be provided to The Organization by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Organization, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Organization, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Organization agrees to inform candidates if an employment, clinical or volunteer decision has been influenced by information contained in a consumer report requested by Virginia Highlands Community College/VATNP and performed by Castle Branch, Inc. A free copy of the report will be provided on the Certified Background web site.

**PLEASE PRINT CLEARLY IN INK. ILLEGIBLE FORMS WILL DELAY YOUR RESULTS.**

Name (First, Middle, Last) \_\_\_\_\_

Date of Birth (mo/day/yr) \_\_\_\_\_ - - Social Security # \_\_\_\_\_ - -

Your Phone Number (required): \_\_\_\_\_ - - Email (required) \_\_\_\_\_

School/Institution: \_\_\_\_\_ Department: \_\_\_\_\_

**Student Signature (REQUIRED)** \_\_\_\_\_ **Date** / / \_\_\_\_\_