AUTHORITY TO RELEASE INFORMATION

I understand that in processing my application with World Wide Medical Staffing an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, professional licensure and certification (including potential disciplinary actions), criminal records (including sexual/predatory offenses), credit history, motor vehicle records, personal references and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing the information. I also authorize World Wide Medical Staffing to disclose any consumer report to any company facility, or healthcare provider where I am or could be assigned to provide services.

I further understand and waive my right of privacy in this investigation and release and hold harmless World Wide Medical Staffing and its agent, Verified Credentials, Inc. from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials, Inc.

I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will cause for disqualification and immediate termination of my employment. If employed, I further authorize World Wide Medical Staffing to check my credit and conviction record, as needed, on a continuous basis as it is related to my employment.

LAST NAME FIRST NAME MIDDLE NAME

PREVIOUS NAME/MAIDEN NAME/AKA'S DATE OF CHANGE

STREET ADDRESS

CITY STATE ZIP CODE

PLEASE LIST THE CITIES AND STATES YOU HAVE LIVED IN, IF THE ABOVE ADDRESS DOESN'T ENCOMPASS 7 YRS

SOCIAL SECURITY NUMBER DATE OF BIRTH

SIGNATURE DATE