



TRI-COUNTY

MENTAL HEALTH SERVICES

We offer hope.

Final Candidate Release Form

FINAL CANDIDATE INFORMATION (PLEASE PRINT)

Last Name:	First:	M.I.:	Date of Birth:
Mailing Address:			
City:	State:	ZIP Code:	
Phone:	E-mail Address		
Social Security Number:	Driver's License Number:	State:	
Maiden/Previous Name(s)/Aliases:			

EDUCATION

College/University:	City/State:
Degree awarded:	Graduation Date:

PROFESSIONAL LICENSE OR CERTIFICATION:

License Type:	Issued By:
Issue Date:	Expiration Date:
Has there ever been disciplinary action taken toward your professional license/certification? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain:	

APPLICANT AGREEMENT

I, the undersigned, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Tri-County Mental Health Services or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature: _____ Date: _____

IMPORTANT If you are completing this form electronically, please type your initials in the signature field. For the purposes of this form, placing your initials in the signature field and submitting this form to TCMHS by email qualifies as your legal signature.