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AUTHORIZATION FOR EMPLOYMENT VALIDATION

An Authorization for Employment Validation must be completed for your employment history of record.
 Employers of record shall be extended this Authorization.

I AUTHORIZE without reservation, MedTeam Staffing to verify and to release any information contained in my application including, but not limited to background verifications, searches, certificates, certifications, education, employment validations, immigration, licensures and medical history.

I AUTHORIZE all present and previous employers, educational institutions, public agencies, licensing authorities, Client facilities, personal and other references (as well as all representatives of these persons or entities) to provide all information they may have regarding me.

I VOLUNTARILY AND KNOWINGLY release all present and previous employers and MedTeam Staffing from liability, and waive all claims, arising from providing or releasing any of this information or from denial or withdrawal of employment.

I UNDERSTAND that this authorization is a continuing authorization and will remain valid until such time as I inform MedTeam Staffing in writing, that I wish to revoke this authorization.

Provide and print clearly your current name, social security number, name(s) you may have used in the past and dates of use.

_____ - _____
 Current Name (Print) Social Security #

_____ Dates of Use
 Name(s) You Have Used

_____ Dates of Use
 Name(s) You Have Used

I certify that the information provided in this authorization is true, correct and complete. I understand that any misrepresentation, omission or falsification on this authorization is sufficient cause to prevent hiring, or if hired, termination of employment. My signature below acknowledges that I have read and understand the above disclosures, waivers, and representations.

Signature **Date Completed**