

Healthcare Worker Background Screening Form

Personal Information

Full Name

Date of Birth

Address

City

Phone Number

Email

Identification

Government-issued ID Number

ID Type

Employment Information

Position/Title

Department/Unit

Proposed Start Date

Background Screening

Have you ever been convicted of a criminal offense?

☐

Yes

☐

No

If yes, provide details

Are you currently under investigation or pending trial?

☐

Yes

☐

No

If yes, provide details

References

Reference Name

Relationship

Contact Information

Declaration

Signature

Date