



enriching lives. growing abilities.

65 Highland Avenue, Peapack, New Jersey 07977 • Tel. 908-234-0011 • Fax 908-781-6816 • www.matheny.org

BACKGROUND CHECK AUTHORIZATION

NOTE: The following information is needed to verify information on your Employment Application and credentials.

PLEASE PRINT CLEARLY.

Last Name

First Name

Middle Name

Please list all aka's including Maiden Names

Date of Birth

Street Address

City

State

Zip Code

Last School Graduated From: _____ Campus: _____

Degree: _____

Drivers, CRAs, Maintenance, and Rehabilitation Technicians ONLY:

Only Employees who may operate company-owned vehicles, please complete the requested License information:

Driver's License Number

State of License

Expiration Date

Licensed or Certified Employees:

Type of Professional or Occupational License or Certification: _____

License or Certification Number: _____

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. I give my consent to Matheny Medical and Educational Center to verify the current status of my professional or occupational license or certification (i.e. license number, license status, expiration date, pending or final actions or disciplinary history). If hired or employed, this authorization shall remain in effect to obtain information pertaining to my professional or occupational license or certification at any time during my employment.

Signature

Social Security Number

Date