



1222 North Drive, Mt. Pleasant, MI 48858 • Ph: (989) 772-2957 • Fax: (989) 772-3669 • Website: mcf.isbellacounty.org

CONSENT FORM

As a prospective employee/volunteer of Isabella County Medical Care Facility I understand that it is this facility's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided.

NAME: _____
(Last) (First) (Middle)

Maiden name/names previously used: _____

BIRTHDATE: _____ **RACE:** _____ **SEX:** _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

DRIVERS LICENSE NUMBER: _____

I have lived in the State of Michigan for the past three (3) years and the date (s).
_____ Yes _____ No

If No, then please list your state(s) of residency for the previous three (3) years and the date(s).

State _____ From date: _____ To date: _____

State _____ From date: _____ To date: _____

State _____ From date: _____ To date: _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE ISABELLA COUNTY MEDICAL CARE FACILITY TO PROVIDE TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR THE SOLE PURPOSE OF OBTAINING A CRIMINAL HISTORY FILE SEARCH. CMS GUIDELINES STATES THAT FACILITIES MUST BE THOROUGH IN THE INVESTIGATIONS OF PAST HISTORIES OF INDIVIDUALS THEY ARE CONSIDERING HIRING.

VERIFICATION OF THE ABOVE INFORMATION IS REQUIRED BY STATE LAW, PLEASE PROVIDE YOUR ORIGINAL DRIVERS LICENSE AND SOCIAL SECURITY CARD TO FACILITY STAFF TO MAKE A CLEAR PHOTOCOPY.

Signature

Date