



# MORTON COUNTY HEALTH SYSTEM

## Release Authorization

Morton County Health System may request information regarding an applicant's education and work history from previous employers and educational facilities. Therefore, I, the undersigned, hereby authorize and request any present or former employer, education institution, law enforcement agency, financial institution, motor vehicle driving records or other person having personal knowledge about me to furnish MCHS and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to MCHS and/or its agents. A photocopy or fax of this authorization is as effective as the original.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

**The following must be filled out completely for your application to be considered.  
(Please print)**

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle initial

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Driver's license number

\_\_\_\_\_  
State driver's license was issued

If you have ever attended school or been employed under any name other than the one listed above please indicate names used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_