

Creative Therapies of WNY

Background Inquiry Release

In consideration for a business relationship with Creative Therapies of WNY, I understand that an investigative background inquiry will be made, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications. Please complete and sign the form that follows, authorizing, without reservation, any party, including but not limited to; financial institutions, law enforcement agencies, state agencies, and private information bureaus or repositories, contacted by Creative Therapies of WNY to furnish any or all of the above listed information. Your authorization releases Creative Therapies of WNY from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Creative Therapies of WNY the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original. For your records, a copy of this completed notice that a consumer report may be obtained for business purposes will be provided. Please retain it for your records.

APPLICANT'S LEGAL NAME:

SOCIAL SECURITY #: _____ DOB: _____

DRIVER'S LICENSE #: _____ STATE: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

Please SIGN and DATE:

APPLICANT'S SIGNATURE: _____ DATE: _____

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