

APPLICANT CONSENT/RELEASE FORM

Job Reference Policy Statement

It is the policy of Consultants in Gastroenterology, P.C. to conduct such reference checks and background investigations as are deemed appropriate on all applicants for employment. No applicant will be hired unless and until Consultants in Gastroenterology, P.C. receives such background information as it, in its sole discretion, deems satisfactory to make any hiring decision.

To assist Consultants in Gastroenterology, P.C. in obtaining the references and other background information necessary to consider applications for employment, it is the policy of the company that all applicants must complete the following Consent to Obtain Background Information Form.

Consent to Obtain Background Information

I, the undersigned applicant, hereby authorize Consultants in Gastroenterology, P.C. to obtain and verify verbally such information about my background and qualifications for employment as the company, in its sole discretion, deems relevant to its decision whether to hire me for the position I am applying for, including without limitation, professional and personal references, employment verifications, educational verifications, license and credentials verifications,.

In consideration of Consultants in Gastroenterology, P.C. considering my application for employment, I hereby release the company and its officers, directors, managers, supervisors, agents and employees from any and all claims I may have arising out of the obtaining and verification of such information.

I hereby authorize any and all persons to disclose information to Consultants in Gastroenterology, P.C. about my previous employment or suitability for future employment.

In consideration of any person agreeing to provide information to Consultants in Gastroenterology, P.C. as authorized by this form, I hereby release any such person and any affiliated officers, directors, managers, supervisors, agents and employees from any and all claims I may have arising out of the disclosure of such information.

APPLICANT

(Signature)

(Date)

(Print Applicant Name)