

1st Nurse Registry
2215 N. Military Trail, Suite 0
West Palm Beach, FL 22309
Phone: (561) 948-2010 Fax: (561) 948-2012
Email: Office@1stnurseregistry.com

BACKGROUND RELEASE AND CONSENT FORM

(Print) _____ understand that Information from various Federal, State and County agencies will be viewed by 1st Nurse Registry. Understand that this consent will apply throughout my employment with 1st Nurse Registry. I also understand that employment with 1st Nurse Registry will be determined by what is obtained from my background screening and that 1st Nurse Registry reserves the right to terminate my employment at any time if a disqualifying offence is found. I authorized without reservation any party or agency contacted by this employer to furnish the above mentioned information.

Other Names Known By _____

Social Security Number _____ Birth Date: _____

Sex: _____ Race: _____

Signature: _____ Date: _____