



ADVANTAGE

WHERE HEALTH MEETS HOPE

BACKGROUND CHECK REGISTRATION FORM

Last Name _____

First Name _____

Middle Name _____

Suffix _____

Date of Birth (XX/XX/XXXX) _____

Place of Birth _____

SSN _____

Sex _____

Race _____

Eye Color _____

Hair Color _____

Height _____

Weight _____

Country of Citizenship _____

Driver's License No. _____

State _____

Address _____

City _____

Zip _____

Phone Number _____

Email Address _____

I authorize Advantage to access Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me. I understand that Cogent Systems, Inc. will send my fingerprints tot the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied. I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Signature _____ Date _____