

***CROZER-KEYSTONE HEALTH SYSTEM
CRIMINAL BACKGROUND CHECK DISCLOSURE FORM***

Full Name (Last, First, Middle)	Date of Birth	
Other Names Known By (Maiden, Alias)	Social Security Number	
Street Address	Race	Sex
City, State	Zip Code	

Have you ever been convicted of a crime, excluding a traffic offense? YES() NO()

Have you resided in Pennsylvania for the past two consecutive years? YES() NO()
(If you have not resided in PA for the past two consecutive years, you are required to submit to the Federal Criminal Background Check)

I authorize Crozer-Keystone Health System to conduct a criminal background check with either the Pennsylvania State Police or the Federal Bureau of Investigation, as applicable. In addition, I authorize Crozer-Keystone Health System to conduct a Patient Abuse and/or Child Abuse Clearance Check.

I certify that the information provided in this disclosure is true and correct and I understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire or if hired, grounds for immediate dismissal.

SIGNATURE

DATE