



APPLICANT PROFILE &

Authorization

**Must Be Fully Completed & Signed
Please Print Clearly in Black Ink**

Send the Completed Profile
to: HR ProFile, Inc.
by Fax: **1-513-388-4320**
S-Cats, or E-Prism
Client Service: 800-969-4300

APPLICANT INFORMATION

Name _____ [_____]
First MI Last Maiden

Address _____ City/State _____ County _____ Zip _____

Previous _____ City/State _____ County _____ Zip _____

SS# _____ Driver's Licence No. _____ and State _____

Date of Birth ____/____/____ Age is not a criterion for any decision, but is used for identification purposes ONLY.
Month Day Year

Professional license check information only: License # _____ State _____ Type _____

Have you ever pled guilty, been convicted, entered a plea of no contest, or had prosecution deferred or adjudication withheld for any crime? No _____ Yes _____, If Yes list them below.

List All Offenses Including Traffic and Criminal		City, County, and State of Offense		
Year	Offense	City	County	State

I have been informed in writing that the Employer may obtain a consumer report on me for employment purposes. I hereby authorize the Employer to obtain the report and authorize and direct the release to PHR Associates, Inc. and Human Resource ProFile, Inc., independent contract agencies, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in state and local files for violations of any federal, state, local statutes, or ordinances, my credit history, workers' compensation history, driving record, and scholastic records and hereby release said persons, schools, companies, courts, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by PHR Associates, Inc. and Human Resource ProFile, Inc. and reported to the Employer. I hereby acknowledge that PHR Associates, Inc. and Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release PHR Associates, Inc. and Human Resource ProFile, Inc., its agents and/or the Employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize PHR Associates, Inc. and Human Resource ProFile, Inc. to release any and all information to the Employer. I am aware that the report may be prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon my written request, a copy of the report, if not hired.

Applicant Signature _____ **Date** _____

TO BE COMPLETED BY EMPLOYER

Employer: Florida Orthopaedic Institute Location Tampa Florida Date _____ Time Sent _____

Person: Making this Request Lesley Drovie To Receive the Report _____

Phone: 813-978-9779 Fax: 813-972-2078 Acct # PHRAI-002

Criminal History: >>>>> SS trace & Multi-County Single County State Repository, if available

MVR Workers' Compensation Credit

SS no. Ver. Employment Ver. Professional License Check

Special Request: _____

When the report is for employment purposes, you must also certify to HRP that you have provided the applicant with the disclosure form. HR ProFile will return reports to you by FAX unless you are using one of the online systems.