



24 HOUR EMERGENCY & CRITICAL CARE HOSPITAL
Here when you need us most!

VERGI

A 24-hour Emergency and Critical Care Hospital

"Every minute, Every day, Every time...we're here for you. Not skipping a beat!"

8921 Katy Freeway
Houston, TX 77024
Fax: (713) 932-0223

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____ authorize VERGI to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that VERGI will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of VERGI's choice.

I also understand that if I have been untruthful, I can and will be terminated immediately.

I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant's Printed Name: _____
(First, Middle, Last, Suffix)

Applicant's Maiden Name: _____

Alias': _____

Date of Birth: _____

Driver's License Information: _____
(Issuing state and number)

Applicant's Signature: _____

Date: _____

Checked by _____ Date _____



/VERGI247

