Mary Free Bed

235 Wealthy SE Grand Rapids, MI 49503-4299 616.242.0300 • 800.528.8989

Criminal History Form

Employment
Volunteer
Student / Intern
Medical Office Staff

Full Name							
	Last	Fin	st	ľ	M.I.		
Maiden Name/Other (or other names used)							
		(01	other names used)			
Address			State		7in		
Address					Zip		
Previous Address			State		Zip		
		(if at first address less	than seven years)				
Date of Birth Social Security Number							
Driver's Lic	cense Number						
DIIVEI 5 LIC	cense ramber						
		Race/Eth	nnicity				
		(Check on	e box)				
_		_					
	11:	Female	11:	Male			
-	Hispanic or White	Latino	Hispanic or La White	tino			
-		ican American	Black or Africa	n American			
-		aiian or Other Pacific Islander		an or Other Pacifi	ic Islander		
T	Asian	<u> </u>	Asian				
	American I	ndian or Alaska Native	American Indi	an or Alaska Nati	ve		
	Two or Mor	e Races	Two or More I	Races			
Lunderstan	d that a crimina	l conviction history check will be co	nducted as a condi	tion of employme	ant volunteering	a or	
		or internship and may be conducted		. ,	,	٠,	
		abilitation Hospital conduct a crimina					
will be handled in a confidential manner. Any false answers or statements, or misrepresentations by omission made b							
me will be sufficient cause for rejection of my employment application, student clinical placement or internship or resu							
		from employment should such falsi	fications or misrepr	resentations be d	iscovered after	my	
employmen	it, student clinic	al placement or internship.					
Signature				Date			
			Γ				
		istory background check to:	Requested by	Ronita Pawlocki			
Medical Education			requested by		orint name)		
Mary Free Red Rehabilitation Hospital				VI-	,		

Mary Free Bed Rehabilitation Hospita 235 Wealthy Street SE Grand Rapids, MI 49503

Email: medical.education@maryfreebed.com Phone: 616-840-8292 Fax: 616-840-9626

Requested by Bonita Pawlos	ski (print name)
Department Education/Qual	ity
Phone/Ext	Date