



Education Verification Form

Name of Candidate _____
(Please write legibly)

Social Security Number _____
(Please write legibly)

Name of High School _____

City _____ State _____

Attended from ____/____/____ Attended to ____/____/____
(Please provide month and year)

Name of Higher Education School _____
City _____ State _____

Attended from ____/____/____ Attended to ____/____/____
(Please provide month and year)

Type of Diploma/Certificate _____ (Highest Degree Obtained)

I authorize MCG Health, Inc. to conduct an investigation of my personal, employment and education history and further release the hospital, companies, schools, or persons from liability or damages for providing information. I hereby state that the information on this form is true and complete. In the event of employment, I understand that false, misleading or omitted information given in application documents or employment interviews may result in dismissal. I affirm I have not committed Medicare/Medicaid fraud. I understand my employment status will be contingent upon the satisfactory completion of a post offer medical assessment and drug screen and acceptable results of a criminal background check. If accepted for employment, I understand my employment will be for no definite time period, regardless of the period of payment of my wages. In addition, I agree to abide by the rules and policies of MCG Health, Inc.

I agree that the above information is true.

(Please sign) (Date)