



COASTAL CLINICAL & MANAGEMENT SERVICES, INC

RELEASE OF LIABILITY

I hereby release from liability any and all individuals and organizations who, in good faith and without malice, provide any and all information to representatives of COASTAL CLINICAL & MANAGEMENT SERVICES, INC. concerning my work competence, ethics, character, education, and other qualifications, and I hereby consent to the release of any and all such information to COASTAL CLINICAL & MANAGEMENT SERVICES, INC. You are specifically authorized to accept a photocopy of this signed release form in lieu of an original signed form.

Applicant's Signature

Date

Print or Type Name

Maiden Name (if applicable)



COASTAL CLINICAL & MANAGEMENT SERVICES, INC

BACKGROUND CHECK

I, _____, understand that all employees involved in
Applicant Name (Print)

"child care services" are required to undergo a Criminal Background Check, and to disclose any information related to an arrest or criminal charges involving a child.

Background checks will be based on fingerprints obtained by the government law enforcement officer and inquiries conducted through the Federal Bureau of Investigation and state criminal history repositories. In addition, I understand that **CCMS** is required to assist the Government in obtaining this information.

Applicant Signature

Date



EDUCATIONAL STATEMENT

I, _____, do attest to having attended and
Applicant's Name (Print)

graduated from an accredited education program:

Name of Institution: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Type of Degree: _____

Date Awarded: _____

Social Security Number: _____

Due to circumstances beyond my control, I am unable to locate or receive a duplicate copy of my original diploma/degree.

Applicant's Signature

Date

Maiden Name (if applicable)



Coastal Clinical & Management Services, Inc

CERTIFICATE OF AVAILABILITY

To Whom It May Concern:

I, _____ am available to work at _____,
(Name) (Name of Facility)

for Coastal Clinical & Management Services, Inc. starting on _____.
(Date)

Signature