Johnson County Hospital
202 High Street Box 599 Tecumseh, Nebraska 68450
(402) 335-3361 Fax: (402) 335-6342

Today's Date: _____

I give my permission to request a criminal background check from the Nebraska State Patrol for purposes relating to employment at Johnson County Hospital.

Name: _____
Last First Middle

Male or Female (Circle one)

Social Security #: _____

Date of Birth: _____

Signature of Applicant/Employee: _____

Witness Signature: _____