

## DISCLOSURE AND AUTHORIZATION FORM

**Glenn Medical Center**, (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your employment application. **Pre-employ.com, Inc.**, or another consumer reporting agency, will obtain the report for the Company. **Pre-employ.com, Inc is located at 3655 Meadow View Drive, Redding, Ca. 96002 and can be reached at 800-300-1821.**

The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and cre report will contain The types of information that may be obtained include but are not limited to: credit reports, social security number verificatiThe types of information records checks, public court records checks, driving records checks, educational records checks, verification of employment positions h checks, p personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be o and professi from private and/or public record sources, including sources identified by you or through interviews or correspondence with yourfrom private a present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitlThe nature request more information about the nature and scope of such reports by submitting a written request to: **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or faxed to 888-999-3839.**

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Company is Commission.

## ADDITIONAL STATE LAW NOTICES

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices.

**CALIFORNIA:** You may view the file maintained on you by **Pre-employ.com, Inc.** You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at **Pre-employ.com, Inc.** offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. **Pre-employ.com, Inc.** has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompan personnel a one other person, provided that person furnishes proper identification.

**MAINE:** You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to han five busi inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Main for the law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If You ha consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.



**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of have carefully reports and investigative consumer reports prepared by a consumer reporting agency, such as **Pre-employ.com, Inc.**, to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or faxed to 888-999-3839.**

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, understand the after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education my signature history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed per credit capacity the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including collegethe consumer universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

**For residents of, or for jobs located in California, Minnesota and Oklahoma only:** You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting **Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or by toll free fax 888-999-3839.**  I request a free copy of the report.

Occasionally, Pre-employ.com and/ or its partners send information on identity theft protection, background check information and other related products or services. I DO \_\_\_\_\_ or I DO NOT \_\_\_ wish to receive this information via email or mail.

Signature: **X** \_\_\_\_\_ Date \_\_\_\_\_

**The following information is for identification purposes only. Please print clearly in Black Ink!**

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List all other names used in the last seven years:

**Date Of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Address History** Please list the city, state and zip in which you have lived or worked within the last seven years. (Aproximate dates.)

From: \_\_\_\_\_ to: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CURRENT**

From: \_\_\_\_\_ to: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone (including area code): \_\_\_\_\_ Email: \_\_\_\_\_

Company ID: **6925** Company: **Glenn Medical Center** PO #: \_\_\_\_\_

**Please indicate the services you would like to request for this applicant.  
Fax this sheet to 888-999-3839 or enter the information at <http://www.pre-employ.com>**

**Basic Services Requested (Company use only.)**

*\*\*Default Services\*\**

**Additional services requested. Please check box. (Company use only.)**

- Social Security Trace
- Criminal History Check
- Drivers License Check
- Employment Verification
- Degree / Education Verification
- Reference Check
- OIG/GSA Check
- National Wants and Warrants
- Credit Report
- Anti Terrorist Watch List
- NCFS
- Civil History
- Federal Criminal History
- Federal Civil History
- Sex Offender
- Workers Compensation
- Drug Test

**INFORMATION AND RELEASE AUTHORIZATION FORM  
FOR REFERENCE, EDUCATION OR LICENSE VERIFICATION INFORMATION**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF L VOLUNTARILY AND KNOWINGLY A  
LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BR ENFORCEMENT AGENCY, STATE  
PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR  
VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY VEHICLE HISTORY, SOCIAL S  
REQUESTED BY PRE-EMPLOY.COM.

I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.  
A photographic or faxed copy of this Information & Release Form shall be as valid as the original.

**I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO PRE-EMPLOY.COM INC**  
**Phone- (800) 300-1821 Fax (888) 999-3839**

**THE FOLLOWING MUST BE FILLED OUT COMPLETELY .....PLEASE USE A PEN WITH BLACK INK**

<i>(Please Print Clearly)</i>		
Name: Last	First	Middle
Home Address		
City:	State	Zip

**Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):**

Company	Dates Of Employment: _____ to _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City
State		
Business Type:	Postition Held:	Supervisor:
		Phone:

Company	Dates Of Employment: _____ to _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City
State		
Business Type:	Postition Held:	Supervisor:
		Phone:

Company	Dates Of Employment: _____ to _____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City
State		
Business Type:	Postition Held:	Supervisor:
		Phone:

**Please provide the school, university or college name (highest level of education received):**

Institution	
Location	Attendance Dates to
Degree	Major/Minor
Name used while attending:	

Institution	
Location	Attendance Dates to
Degree	Major/Minor
Name used while attending:	

**Personal References (Individuals with whom you have worked):**

Name:	Phone:
Name:	Phone:
Name:	Phone:

**Professional License Information:**

License Type	State Issued
License Number:	
Issue Date:	Expiration Date:

**Signature: X \_\_\_\_\_ Date \_\_\_\_\_**