



DISCLOSURE AND AUTHORIZATION FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

DISCLOSURE: LOVELACE HEALTH SYSTEM may now, or at any time while employed, verify information within the application, resume, or contract for employment. The verifications and/or checks may include but are not limited to: driving records, workers compensation records, credit bureau files, employment references, personal references, educational and licensing institution records or any criminal record information pertaining to me which may be in the files of any federal, state, or local criminal justice agency. These reports may include information as to my general reputation, character, personal characteristics, or mode of living. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to your application for employment, based entirely or in part of the information contained in a consumer or investigative consumer report, you are entitled to receive of copy of this report upon written request. You also have the right to request, in writing, the nature and scope of any investigative consumer report conducted by Hirease, Inc. on behalf of LOVELACE HEALTH SYSTEM, at Hirease, Inc., PO Box 2559, Southern Pines, NC 28388 • 1-866-693-1764 • www.hirease.com.

AUTHORIZATION: I have carefully read and understand this disclosure and authorization form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by LOVELACE HEALTH SYSTEM. I, the undersigned applicant, do hereby certify that all such information is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize any agency, reference, employer, state or federal agency, school, university institution, or other agency that maintains information pertinent to my employment to furnish any and all information requested by LOVELACE HEALTH SYSTEM or its agent Hirease, Inc. or Hirease's agents. I further authorize Hirease, Inc. and any of its agents, to disclose orally and in writing the results of this verification process and/or interview to authorized LOVELACE HEALTH SYSTEM representatives or LOVELACE HEALTH SYSTEM clients to determine my employment eligibility. A photocopy or telephonic facsimile (fax) of this release shall be valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

Form with fields for Applicant Name, Current Address, Social Security Number, Sex, Race, Driver's License No., State of Issue, Month, Day and Year of Birth, Educational Institution, Location, Name Attended Under, Degree Awarded, Dates of Attendance/Graduation, Professional License, State Issued, License Number, Issue Date, Expiration Date. Includes checkboxes for CA, MN, OK residents and a notice to New York Applicants.

\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.

