



## PLEASE READ CAREFULLY

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Mayers Memorial Hospital (the "Company") may obtain a consumer report and/or investigative consumer report on you for employment purposes. **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, California 96002 and can be reached at 800-300-1821.**

The report will contain any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit, capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for (A) employment purposes; or (B) any other purpose authorized under section 604 of the Fair Credit Reporting Act. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. I understand that while the information contained in the report or reports provided has been obtained by various third parties from public record data sources deemed reliable, their accuracy cannot be guaranteed due to potential human error in the actual recording or retrieval of the record.

The nature and scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and/or investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: **Pre-employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 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 Trade 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:** Under California Civil Code section 1786.22, you are entitled to find out from an ICRA (**Pre-employ.com**) what is in the file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. **Pre-employ.com** may not charge you more than the actual copying costs for providing you with a copy of your file.
2. A summary of all information contained in **Pre-employ.com's** file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
3. By requesting a copy be sent to a specified addressee by certified mail. By complying with requests for certified mailings **Pre-employ.com** shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave its office.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may **Pre-employ.com** require additional information concerning your employment and personal or family history in order to verify your identity.

**Pre-employ.com** will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. **Pre-employ.com** may require you to furnish a written statement granting permission to it to discuss your file in such person's presence.

**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 handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine 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 a 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 FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by 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 **Pre-employ.com, Inc, Compliance Department, P.O. Box 491570, Redding, California 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, during or 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, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and 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:** Please check this box if you would like to receive a copy of your consumer report.

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 **Pre-employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049 or by a toll free fax number 888-999-3839.** I agree that a facsimile ("fax") or photographic copy of this Authorization shall be valid as the original.

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: \_\_\_\_\_

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

<b>The following information is for identification purposes only. Please print clearly in Black Ink!</b>			
Name: Last	First	Middle	
List all other names used in the last 7 years:			
Date of Birth:		Social Security Number:	
Drivers License Number:		State issued:	
Current Address:			
City:		State:	Zip:
<b>Address History</b> - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:			
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Daytime phone number: (     )		Email Address:	

<b>Company ID: 9332</b>	<b>Company Name: Mayers Memorial Hospital</b>	<b>PO#</b>
<p><b>Please indicate the services you would like to request for this applicant.</b>  <b>Fax this sheet to 888-999-3839 or enter the information at <a href="http://www.pre-employ.com">http://www.pre-employ.com</a></b></p>		
<b>Basic Services Requested: STANDARD DEFAULT</b>		
<b>Additional Services Requested: Please check box</b>		
<input type="checkbox"/> Social Security Trace <input type="checkbox"/> Drivers License Check <input type="checkbox"/> Degree / Education Verification <input type="checkbox"/> Reference Check <input type="checkbox"/> OIG/GSA Check <input type="checkbox"/> National Wants and Warrants <input type="checkbox"/> Credit Report	<input type="checkbox"/> Criminal History Check <input type="checkbox"/> Employment Verification  <input type="checkbox"/> Anti Terrorist Watch List <input type="checkbox"/> Civil History <input type="checkbox"/> Federal Civil History <input type="checkbox"/> Sex Offender <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Drug Test	<input type="checkbox"/> NCFS <input type="checkbox"/> Federal Criminal History

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

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL 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 OTHER INFORMATION REQUESTED BY PRE-EMPLOY.COM, INC. 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**  
*(Please Print Clearly)*

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	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	

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

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

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

**Professional License Information:**

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

SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_