



DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

Morton Comprehensive Health Center

In connection with my application for employment (including contract for services or volunteers), I understand that investigative background inquiries are to be made on me, which may include consumer credit, criminal, civil litigation, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from NBR, LLC and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the reports mentioned above at any time during my employment, (contract or volunteering) and have received a copy of the Consumer Reports Notification, regarding pulling of such consumer reports. In the event information from your report is used in whole or in part in making an adverse decision in regards to your employment, before making an adverse decision, you will be provided with a copy of the consumer report along with a copy of your rights under the FCRA.

Applicant Signature _____ Date _____

Please Print Clearly: Position Applied For: _____

Name: _____ Maiden/AKA: _____
First Middle Last

Social Security Number: _____ *Sex: _____ *Race: _____ DOB: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long: _____ to _____

Motor Vehicle Report:

Name as it appears: _____ License Number: _____ State: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.