

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of HCA or one of its affiliates may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with HCA or one of its affiliates' consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with HCA or one of its affiliates, and give my full consent for this information to be obtained.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.

VII. Upon proper identification, you have the right to make a request to GIS, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin SC 29036 or (866) 265-4917.

CANDIDATE COMPLETE THE FOLLOWING:

Signature	Today's Date
Please print full name	Phone Number
	Email Address

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth	Social Security Number
Home Address	City State Zip
Driver's License Number and State	Name as it appears on License
Please provide all alternate name(s) used	

Have you ever been convicted of a crime? No Yes If yes, please provide city, county, state, date of conviction and details of conviction.

Previous Addresses for the Last 7 Years (use additional page if needed)

Street Address	City State Zip
Street Address	City State Zip
Street Address	City State Zip

Professional Licensure

_____ Professional License Held	_____ License Number and State Issued
_____ Professional License Held	_____ License Number and State Issued

Education (use additional page if needed) – If coming for clinical – please list school you are coming from

_____ Institute Name	_____ City, State		
_____ Dates Attended	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Degree Earned	_____ Name while attending
_____ Institute Name	_____ City, State		
_____ Dates Attended	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Degree Earned	_____ Name while attending

Employment to cover up to 7 years (attach additional page if needed)

1. Employer Name	City, State	Phone Number
_____	_____	_____
Dates: To / From	Job Title	Reason for Leaving
_____	_____	_____
2. Employer Name	City, State	Phone Number
_____	_____	_____
Dates: To / From	Job Title	Reason for Leaving
_____	_____	_____
3. Employer Name	City, State	Phone Number
_____	_____	_____
Dates: To / From	Job Title	Reason for Leaving
_____	_____	_____

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by HCA or one of its affiliates by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.