

BACKGROUND RELEASE AUTHORIZATION FORM AND FAIR CREDIT REPORTING ACT DISCLOSURE **[FOR EMPLOYMENT PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, department of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release of Authorization shall remain valid and in effect during my employment at Missouri River Medical Center.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 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 agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a 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.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No _____
 Initials Initials

If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes _____ No _____
 Initials Initials

***California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report). Certiphi Screening's privacy practices with respect to the preparation and processing of Investigative consumer reports may be found at www.certiphi.com (link at bottom of page entitled, "Legal/Privacy").



MISSOURI RIVER MEDICAL CENTER BACKGROUND RELEASE AND AUTHORIZATION FORM

PLEASE PRINT:

_____		_____
First Name		Middle Initial
_____		_____
Last Name		Date of Birth (MM/DD/YYYY)
_____		_____
Social Security Number	Primary Telephone Number	
_____		_____
Current Address	Apartment#	#years at this address
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Driver's License Number (no dashes)	License State	
_____	_____	
Email Address		

MRMC may perform a background check on all successful applicants. A Background checks is required for position placement. In order to perform the check we need your driver's license number and date of birth. This information is never disclosed to interviewers and is only available to the employment office once you have been selected for a position. If you should have any concerns or questions, please call Missouri River Medical Center Employment at 406-622-6153.

Date: _____ Signature of Applicant: _____

Print Name: _____