

# CONSUMER AUTHORIZATION

**\*\* Office Use Only --- when entering background request on line fax this authorization to 877-590-4006 \*\***

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 CAPELLA HEALTHCARE, INC. may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with CAPELLA HEALTHCARE, INC.'s consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with CAPELLA HEALTHCARE, INC., 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.

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.

Applicant's Full Name

Any Other Names Used (Last, First)

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

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

Street Address

City

State

Zip

Street Address

City

State

Zip

## Education:

School Name

City

State

Name Attended Under

Dates of Attendance (mm/yyyy to mm/yyyy)

Degree/Highest Level Attended

Major/Minor

**Professional Credential 1:**

Verification Type (Doctor, Nurse, etc)

License/Cert. Number

Issue Date

State in which Licensed

**Professional Credential 2:**

Verification Type (Doctor, Nurse, etc)

License/Cert. Number

Issue Date

State in which Licensed

**Professional Credential 3:**

Verification Type (Doctor, Nurse, etc)

License/Cert. Number

Issue Date

State in which Licensed

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

**CANDIDATE COMPLETES THE FOLLOWING:**

Signature

Today's Date

Please print full name

I have read and understood the above information, and assert that all information provided by me is true and accurate.

**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 Capella Healthcare, Inc. 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.