



Disclosure & Authorization for Release of Information & for the Procurement of a Background Report

DISCLOSURE

In reference to the Fair Credit Reporting Act, Section 604 (b) and 606 (a), a consumer report may be obtained on you for employment purposes at anytime during the employment application process, or, if you are hired, during your tenure as an Volunteer. It may be an investigative consumer report that includes information as to your consumer or employment character, reputation, and characteristics. You have a right to request disclosure of the nature and scope of the investigative consumer report, which may involve interviews with any sources having information of the above.

AUTHORIZATION

I consent to have an investigative consumer report made as to my credit history, motor vehicle driving record, social security information, criminal record, civil record, education and employment history and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize North Broward Hospital District dba Broward Health to obtain a background report containing the foregoing information from Accurate Background, Inc. (and/or any of their licensed agents) located at 6 Orchard, Suite 200, Lake Forest, CA 92630, (800) 784-3911. I am aware that the background report I consent to have prepared, may include information obtained from a variety of sources, including but not limited to Federal, State, County government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Broward Health within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, credit agency, educational institution, workers compensation agency, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party and release them from liability and responsibility in doing so. By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Accurate Background, Inc., its client (North Broward Hospital District dba Broward Health), affiliates, Volunteers, representatives, agents, subcontractors, clients and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Accurate Background, Inc., and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Accurate Background, Inc., unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that this Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Broward Health or Accurate Background, Inc and its affiliates.

I also understand that if hired, my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to Broward Health at any time, stating that I revoke my consent and no longer allow Broward Health to obtain consumer or investigative consumer reports about me.

I acknowledge that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form.

IMPORTANT! IS IT SATISFACTORY TO CONTACT PRESENT OR FORMER EMPLOYER? YES NO

APPLICANT'S SIGNATURE

DATE

Please complete information on the reverse side of this form.



APPLICANT/VOLUNTEER INFORMATION: PLEASE PRINT CLEARLY

Print Name _____

Aliases/Other Names Known By * _____

Social Security Number _____ - _____ - _____ **Date of Birth *** ____/____/____

Driver License Number _____ **State** _____

Current Address _____

City _____ **State** _____ **ZIP** _____

Have you ever been convicted of any felony or misdemeanor charges? **Yes** **No**

If yes, please briefly explain the type of offense, date, location of occurrence and disposition

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "Broward Health". **Yes** **No**

Applicant Signature _____ **Date** _____

Prospective Employer: North Broward Hospital District dba Broward Health

** Federal law prohibits discrimination in employment on the basis of age, race, creed, religion, sex, or national origin. Many states also prohibit some or all of the above types of discrimination and discrimination based on marital status. This information will be used for purposes of identification only. Without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.*