

**AUTHORIZATION, NOTIFICATION, AND RELEASE FORM  
FOR PROCUREMENT OF CONSUMER CREDIT / BACKGROUND REPORT**

In connection with my application for employment, and/or employment with **(Catawba Valley Medical Center)** ("Company"), I, \_\_\_\_\_ (applicant's or employee's name), understand and am hereby notified and authorize Company to procure a consumer report from a consumer reporting agency in accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. (the "FCRA"), or any "person" as defined under the California Consumer Credit Reporting Agencies Act (if a CA applicant) for evaluation of me for employment (i.e. employment, promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle records, employment history and verification, income verification, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, credit bureau, state board, licensing agency, and other entities, including present and past employers.

In connection with my application for employment and/or employment with Company, I further understand and am hereby notified that Company may procure an investigative consumer report concerning me from a consumer reporting agency or any "person" as defined by the California Consumer Credit Reporting Agencies Act (if a CA applicant). I understand that an investigative consumer report may contain information from public records, including but not limited to, written, oral or other communications bearing on my credit worthiness, credit standing, character, general reputation, personal characteristics, or mode of living, which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for employment purposes. I further understand that such inquiries may include, but are not limited to, investigations regarding worker's compensation, harassment, violence, theft, or fraud.

I have received and reviewed a copy of the Summary of Rights (attached) under the FCRA and the California Investigative Consumer Reporting Agencies Act (If a California applicant). I understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for employment is being considered or throughout the duration of my employment in the event that I am hired or am a current Company employee.

**My Social Security number is** \_\_\_\_\_ **My Date of Birth ("DOB") is** \_\_\_\_/\_\_\_\_/\_\_\_\_. **\*\* Please see below.**  
**\*If ME, MI, MN, OH, PA, RI, or WV applicant DO NOT provide DOB.**  
Instead call 877-292-3331 within **2 hours** of submitting your application.

**My Previous Name (if any) is** \_\_\_\_\_

**My Drivers License number is** \_\_\_\_\_ **and was issued by the state of** \_\_\_\_\_.  
If you have had another Drivers License in the last three years please put that number here: \_\_\_\_\_.

**My High School, named** \_\_\_\_\_, **is located in (City)** \_\_\_\_\_, **(State)** \_\_\_\_\_.

**Current Address:**

No. Street	City	State	Zip	County	Years
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**Previous Addresses within the last seven (7) years:** (Attach additional pages if necessary)

No. Street	City	State	Zip	County	Years
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No. Street	City	State	Zip	County	Years
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**Oklahoma, Minnesota and California applicants only:**

You have the right to receive a copy of your Consumer Credit Report free of charge should one be requested for employment purposes.

☐ I wish to be furnished with a copy of my consumer credit report should one be ordered.

I acknowledge that I have voluntarily provided the above the above information for employment purposes, and I have carefully read and I understand this authorization.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**

Client Account Number: **927200 – Catawba Valley Medical Center (Premier Ascend)**

**Private Eyes, Inc. 190 North Wiget Lane, Suite 220, Walnut Creek, CA 94598 at (925)927-3333 or (877)292-3331 Fax(877)292-3330**