



APPLICANT DISCLOSURE AND CONSENT FOR BACKGROUND INVESTIGATION

As part of the process of determining your eligibility for employment and, in the event you are hired, your continued employment with Mission Hospitals (MSNH), MSNH may conduct an investigation of your background by obtaining a Consumer Report, i.e. Background Check, relating to you from a Consumer Reporting Agency of its choice. No consumer report will be used in violation of any Federal or State Equal Employment Opportunity law or regulation. If MSNH intends to take any adverse action based in whole or in part on information contained in your consumer report, you will be provided with a copy of the report and a description of your rights under the Fair Credit Reporting Act.

I hereby authorize MSNH to make an independent investigation of my background by obtaining a Consumer Report, i.e. Background Check, relating to me from a Consumer Reporting Agency of the employer's choice. I understand that this report may include, but is not limited to, a criminal record check, validation of previous names and addresses, verification of education, driving record, interviews with personal references provided by me, verification of previous employment. A credit report is NOT authorized by this consent.

I understand and agree that the information contained in any Consumer Report will be used closely to determine any eligibility for employment, and if I am hired; my eligibility for continued employment and that action may be taken by MSNH based on the information that is provided. To assist MSNH in obtaining my background report, the following information is provided:

Full Name (Printed)

Date of Birth Social Security Number Driver's License Number State

Daytime Phone Number Cell Phone Number

Please list all previous names up to and including your present name for the last 10 years.
(Include maiden name, previous married names, aliases, etc.)

Name	Year First Used

Please list current address and all previous addresses for the past 10 years. (PO Boxes are not acceptable.)

Address (Street, City, State, County)	Date: (From – To)

Name and Address of High School Attended Graduated/GED Yes/No

Name used in High School Year Graduated/GED

Permission to verify Current Employment Yes/No

Applicant Signature Date