

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

In connection with my application for employment, and/or employment with **(Trover Health System)** ("Company"), I, _____ (applicant's or employee's name),

(Please Print) (First) (Middle) (Last)

_____ 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 inquires 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 inquires may include, but are not limited to, investigations regarding worker's compensation, harassment, violence, theft, or fraud.

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** _____.

My Previous Name(s) (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: _____.

Current Address:

_____	_____	_____	_____	_____	_____	_____
No.	Street	City	State	Zip	County	Years

Previous Addresses within the last seven (7) years: (Attach additional pages if necessary)

_____	_____	_____	_____	_____	_____	_____
No.	Street	City	State	Zip	County	Years

_____	_____	_____	_____	_____	_____	_____
No.	Street	City	State	Zip	County	Years

Applicant Signature: _____ **Date:** _____

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.

**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: **926000 –Trover Health System (Premier Ascend)**

AAOC, Records Unit, 100 Millcreek Park, Frankfort, KY 40601

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