NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize ***HOSPICE OF WASHINGTON COUNTY, INC.*****,** by and through an independent contractor, **Employment Information Service. ("EIS")**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character and general reputation, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **EIS**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to ***HOSPICE OF WASHINGTON COUNTY, INC.,*** by and through **EIS**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release ***HOSPICE OF WASHINGTON COUNTY, INC.***, **EIS** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized

I understand that this Notice/Authorization Release form shall remain in effect for the duration of my employment with ***Hospice of Washington County, Inc***. Additionally, I give permission to investigate any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application will be terminated based on any false, omitted or fraudulent information.

Signature: _____

Printed Name:_____Date: _____
First Middle Last

Other Names Used (alias, maiden, nickname)_____YEARS USED_____

Please list all addresses for the past five years.

Current Address:_____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____State of Issuance: _____Date of Birth*: _____ Gender*_____

- Have you ever been sanctioned or had your licenses suspended or revoked? Yes____ No____
- Are you currently under any investigation or pending charge? Yes____ No____

*** This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**