

Do not attach this page to Employment Application

CONSUMER REPORT / INVESTIGATIVE CONSUMER REPORT
 (Including Substance – Abuse Testing / Drug Testing)
DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** (“Consumer Report”) may be prepared about me as part of my application for employment and/or continued employment.

I authorize Mobridge Regional Hospital and Clinics to retrieve a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand and authorize that some or all of this information about me may be transmitted electronically.

I understand substance-abuse testing/drug testing may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to this testing and understand I must pass the substance abuse test/drug test as a condition of employment or continued employment. I hereby authorize any physician, laboratory, hospital or medical professional designated by the above named company to conduct such testing and release the results to authorized representative/s of the above-named company and/or Verification, Inc. I understand only drug test results will be provided to and reviewed by a Verifications Inc. Medical Review Officer (MRO) and that MRO may discuss the results of the drug test with me and ask about medical information specifically related to these drug test results. I understand that when this review is completed, only the drug test will be provided by the MRO to the above named company and no other medical information about me will be disclosed to anyone without first asking for and obtaining my specific consent to do so.

I may request a copy of any report that is prepared regarding me and “A Summary of Your Rights under the Fair Credit Reporting Act”. I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-800-247-0717/+1-605-884-1200**

May your current employer be contacted?

Yes No Not Currently Employed Post Hire Only _____ Applicant's Initials

I authorize the **above-named company to retrieve a Consumer Report** about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.

 Signature Social Security Number Date

NOTE: The following information should only be provided after you have read and signed the Disclosure and Release of Information Authorization above. The following information IS NOT a part of your application. The information requested below is needed to conduct your background report.

Last Name	First Name	Middle Name	Date of Birth
Street Address		City	
State/Province	Country	Zip Code	
Driver's License Number	Country/ State Of License	Expiration Date	
List any other COUNTRIES, CITIES, and STATES in which You have lived during the previous 7 years			
List any other LAST NAMES you have used during the Previous 7 years			
List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials			