

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Virginia Mason Medical Center** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Virginia Mason Medical Center**. **Virginia Mason Medical Center** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Virginia Mason Medical Center**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Virginia Mason Medical Center** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Virginia Mason Medical Center**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
- - / /	
Social Security Number	Date of Birth
	Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST SEVEN YEARS

	Mo/Yr to Mo/Yr
Current Address: _____ / _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____ / _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____ / _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____ / _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____ / _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____ / _____	/
Street Apt.# City State Zip Code	From / To?