

DISCLOSURE AND AUTHORIZATION FORM

Providence Health System-AK-Anchorage, (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your employment application. **Pre-employ.com, Inc.**, or another consumer reporting agency, will obtain the report for the Company. **Pre-employ.com, Inc** is located at **3655 Meadow View Drive, Redding, Ca. 96002** and can be reached at **800-300-1821**.

The report will contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: **Compliance Department, P.O. Box 491570, Redding, Ca. 96049** or faxed to **888-999-3839**.

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission.

ADDITIONAL STATE LAW NOTICES

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: You may view the file maintained on you by **Pre-employ.com, Inc.** You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at **Pre-employ.com, Inc.** offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. **Pre-employ.com, Inc.** has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.



AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as Pre-employ.com, Inc., to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or faxed to 888-999-3839.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

For residents of, or for jobs located in California, Minnesota and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting Compliance Department, P.O. Box 491570, Redding, Ca. 96049 or by toll free fax 888-999-3839. I request a free copy of the report.

Occasionally, Pre-employ.com and/ or its partners send information on identity theft protection, background check information and other related products or services. I DO _____ or I DO NOT _____ wish to receive this information via email or mail.

Signature: **X** _____ Date _____

The following information is for identification purposes only. Please print clearly in Black Ink!

Name: Last			First			Middle		
List all other names used in the last seven years:								
Date Of Birth:			Social Security Number:					
Drivers License Number:						State Issued:		
Address History Please list the city, state and zip in which you have lived or worked within the last seven years. (Aproximate dates.)								
From:	to:	City:	State	Zip				
CURRENT								
From:	to:	City:	State	Zip				
From:	to:	City:	State	Zip				
From:	to:	City:	State	Zip				
Daytime phone (including area code):			Email:					
Company ID: 3220			Company: Providence Health System-AK-Anchorage			PO #:		
<p>Please indicate the services you would like to request for this applicant. Fax this sheet to 888-999-3839 or enter the information at http://www.pre-employ.com</p>								
Basic Services Requested (Company use only.)								
<i>Default Services</i>								
Additional services requested. Please check box. (Company use only.)								
<input type="checkbox"/> Social Security Trace	<input type="checkbox"/> Reference Check	<input type="checkbox"/> NCFS	<input type="checkbox"/> Workers Compensation					
<input type="checkbox"/> Criminal History Check	<input type="checkbox"/> OIG/GSA Check	<input type="checkbox"/> Civil History	<input type="checkbox"/> Drug Test					
<input type="checkbox"/> Drivers License Check	<input type="checkbox"/> National Wants and Warrants	<input type="checkbox"/> Federal Criminal History						
<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Credit Report	<input type="checkbox"/> Federal Civil History						
<input type="checkbox"/> Degree / Education Verification	<input type="checkbox"/> Anti Terrorist Watch List	<input type="checkbox"/> Sex Offender						