

Unity Health Care, Inc.
Consumer Notification

Please be advised that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for entrance into the volunteer program at Unity Health Care, Inc.

CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I fully give my consent to and understand that you, Unity Health Care, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

III. **Minnesota/California/ Oklahoma applicants only.** If you want a copy of the report ordered, check this box . California Residents must complete additional documentation. (The report will be sent to you at the address listed below.

IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer contacted by HireRight, Inc. on behalf of Unity Health Care, Inc. to furnish the information described in Section I.

V. I have received a stand alone consumer notification advising me that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

APPLICANT COMPLETE THE FOLLOWING:

Please print full name

Signature and Today's Date

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth

Social Security Number

Current Home Address

City

State

Zip Code

Drivers License # and State

Residential History for the Last 7 Years

Address

City

State

Zip Code

Address

City

State

Zip Code

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, revised effective September 30, 1997, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact General Information Services, Inc.