



Disclosure Regarding Employment Background Report

Tri-County Family Medicine Program, Inc. may obtain from Sterling Infosystems, Inc. ("STERLING"), 4511 Rockside Road, 4th Floor, Independence, OH 44131, 800-899-2272, www.sterlingcheck.com, a consumer report ("REPORT") that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, TCFM may obtain from STERLING further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.



Authorization to Obtain Employment Background Report

I have read the Disclosure Regarding Employment Background Report provided by Tri-County Family Medicine Program, Inc. and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 4511 Rockside Road, 4th Floor, Independence, OH 44131, 800-899-2272, www.sterlingcheck.com, of background reports regarding me and the release of such reports to the TCFM and its designated representatives, to assist the TCFM in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or TCFM itself, and authorize STERLING to provide such information to TCFM. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature:

Date:

First Name:

Full Middle Name:

Last Name:

Social Security Number: XXX-XX-_____ (Last 4 digits only)

Date of Birth / /XXXX (month/day only)



State Law Notices Relating to Your Background Report

New York Applicants Only: By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.
