



NOTIFICATION AND AUTHORIZATION FOR PROCUREMENT OF CONSUMER REPORTS

The purpose of this release is to allow GALEN MEDICAL GROUP (referred to as "Company"), Application Researchers, LLC, or their assigns, to obtain background information which may include any lawful investigation of my educational background and criminal, driving, credit, and employment histories as well as any other verifications deemed appropriate, while maintaining compliance with all governmental laws.

In accordance with the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., I am aware I have the right to make a written request of Application Researchers, LLC, Post Office Box 11, Chattanooga, Tennessee 37401-0011, (800) 865-5272, to obtain additional information regarding the nature and scope of the background check, as well as receive a written summary of my rights under the Fair Credit Reporting Act.

If the Company considers the background checks unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, its officers, agents, and employees from all liability resulting from the collection, use, or disclosure of the information obtained during the above investigation. I authorize without reservation any party or agency contacted by this Company or its representatives to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time of my application for employment is being considered or throughout the duration of my assignment in the event that I am a current Company employee.

I certify that the information set forth below is complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above investigation and understand that this information is being used for verification purposes only.

PLEASE PRINT

APPLICANT'S NAME – FIRST: _____ MIDDLE: _____ LAST: _____

LIST ANY OTHER NAMES USED (nicknames, maiden/ married last names): _____

DATE OF BIRTH: _____ - _____ - _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE: STATE _____ NUMBER _____

LIST ALL CITIES/STATES IN WHICH YOU HAVE RESIDED AND WORKED IN THE LAST FIVE YEARS:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

SIGNATURE OF APPLICANT _____ DATED: _____

TYPED NAME OF COMPANY REPRESENTATIVE/CONTACT: _____

*SIGNATURE OF COMPANY REPRESENTATIVE/CONTACT: _____

Your signature authorizes Application Researchers® to perform the chosen services below and charge the respective fees.

SERVICES REQUESTED

PHASE I

- CITY? _____
- COUNTY/STATE: _____

PHASE II

- Credit Report
- Educational Verification # _____
- Employment History # _____
- Licensure
- Military Record – copy of DD214 attached
- Motor Vehicle Record – DL State/# _____
- Personal References # _____
- Social Security Number Scan

PHASE III

- Job Specifications
- Drug Screen
- Physical Exam
- Other: _____
- Other: _____

- CIVIL
- CRIMINAL
- NATIONAL
- DIRECT PATIENT CARE STANDARD