

**AUTHORIZATION FOR BACKGROUND CHECKS**

I instruct and authorize **Clinica de Salud del Valle de Salinas** (the "Company") to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports. \* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 2950 E Harmony Road - Suite 130, Fort Collins, CO, 80528, and can be reached by phone at 800-367-5933, or at [www.adpselect.com](http://www.adpselect.com).

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports\* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history\*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

**\*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

**By signing below, I understand that I am agreeing to the terms contained in this document.**

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Please print your full legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Today's Date (Month/Day/Year)

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

**BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

\_\_\_\_\_  
First Name                                      Middle Name (required)                                      Last Name                                      Suffix

Email Address: \_\_\_\_\_

For Identification Purposes Only:      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within the Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)      To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)