

Health Care Staffing LLC 300 Main Street North Easton MA, 02356 Tel: 508-2724390

Email: <u>Info@omniprehealthcarestaffing.com</u> Web: https://omniprehealthcarestaffing.com

## **Background Release Form Disclosure and Consent**

In connection with my application for employment (including contract for service) with Omnipre Health Care Staffing, I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a preemployment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the

above-mentioned information. I hereby consent to your obtaining the above information from a consumer reporting agency. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name:		
Other Names Known By:		
Social Security Number:	Date of Birth://	
Driver License Number:	State:	
Current Address:		
City:	State:	ZIP:
Applicant Signature:	Date:	
California, Oklahoma, or Minnesota Applica	nts:	
I would like to receive a copy of any report of	, 1	ore Health Care Staffing.

## BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of their employees, clients, and their clients' employees, our client has requested that we, Omnipre Health Care Staffing, procure a consumer report and/or investigative consumer report ("background check report") on you in connection with your employment application, and if you are hired, may procure additional background check reports on you for employment purposes.

You may request more information about the nature and scope of any background check reports by contacting Omnipre Health Care Staffing. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

<u>State Law Notices</u>: If you live, or are seeking work, in California, Maine, N.Y. or Washington State, please note the following information:

**CALIFORNIA**: The Investigative Consumer Reporting Agencies Act (ICRAA) is designed to promote accuracy, fairness, and privacy of information in the files of every "investigative consumer reporting agency." The ICRAA gives you specific rights, including those outlined below. You may have additional rights under federal law. California Civil Code section 1786.10 requires an investigative consumer reporting agency to allow a consumer to visually inspect all files maintained regarding the consumer at the time of the request. Certain information regarding the sources of information used for a report is excluded. Under California Civil Code section 1786.22, an investigative consumer reporting agency shall supply files and information about you, the consumer, during normal business hours and on reasonable notice. The investigative consumer reporting agency will make files maintained on you available for visual inspection in the following ways:

- 1. In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual cost of copying.
- 2. By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the agency.
- 3. By telephone. A summary of all information contained in your file and required to be provided to you under Section 1786.10 will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

The term "proper identification" means information generally deemed sufficient to identify a person. This includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you are unable to reasonably identify yourself with the information described above, may an investigative consumer reporting agency require additional information concerning your employment and personal or family history in order to verify your identity.

The investigative consumer reporting agency shall also provide trained personnel to explain any information provided to you.

The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on you. This written explanation shall be distributed whenever a file is provided to you for visual inspection as required under Section 1786.22. You will be permitted to be accompanied by one other person of your choosing, who shall furnish reasonable identification. The investigative consumer reporting agency may require you to furnish a written

statement granting permission to the agency to discuss your file in such person's presence.

**MAINE**: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**NEW YORK**: Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

**WASHINGTON STATE**: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## CONSENT FOR DISCLOSURE OF BACKGROUND CHECK INFORMATION

Workplace safety and security is of fundamental importance for Omnipre Health Care Staffing and its clients. As part of the efforts to promote safety and security, many clients require Omnipre Health Care Staffing to verify and/or disclose employee BACKGROUND CHECK INFORMATION, particularly when employees are performing on-site services. Requests for such information have increased considerably due to recent events, including the events of September 11, 2001.

BACKGROUND CHECK INFORMATION includes, but is not limited to: civil and criminal court records; credit history information; educational records; driving records; reference checks; military records; and pre-employment drug test results.

Omnipre Health Care Staffing respects your privacy. However, Omnipre Health Care Staffing must balance your privacy interests with the realities of doing business with our clients. For that reason, Omnipre Health Care Staffing is asking you to consent to the disclosure of your BACKGROUND CHECK INFORMATION to Omnipre Health Care Staffing by marking the box below and signing and returning the form. Information will only be disclosed when required by the client, and disclosure will be limited to authorized individuals at the client's facilities. Measures will be taken to preserve your privacy.

Questions about this form should be directed to Omnipre Health Care Staffing Human Resources Department at [Employer Phone Number].

2	UND CHECK INFORMATION to authorizeding and understand that my consent will be good
Sionature of Applicant/Contractor:	Date: